

Tompkins County Youth Services 40 Caring Adults Nomination Form

The Tompkins County Youth Services Department (TCYSD) is celebrating our 40th Anniversary!

TCYSD is a county department that supports municipalities and organizations that provide direct services to young people. We are a behind-the-scenes organization that has provided a foundation for youth services throughout Tompkins County for 40 years.

To help us celebrate, we are asking our community to recognize the other behind-thescenes individuals in young people's lives, Caring Adults! This year we are collecting your stories of Caring Adults and honoring those adults who live or work in Tompkins County and make a difference in the lives of young people. Please nominate an individual only once.

Find the electronic nomination form at SurveyMonkey.com/r/40CaringAdults

Please return hard copies of the nomination form to: Tompkins County Youth Services Department. 320 W. MLK Jr./State Street Ithaca, NY 14850

ALL CARING ADULT NOMINEES MUST MEET THE FOLLOWING ELIGIBILITY CRITERIA:

- The nominee must be an adult (ages 24+) who supports or has supported youth (ages 0-24).
- The nominee must be someone who lives or has lived in Tompkins County OR is/has supported youth (ages 0-24) that live/d in Tompkins County
- The nominee may be living or deceased

We encourage nominations from any and all Tompkins County community members. Reflect on the adults who helped shape you - wouldn't this be a great way to honor them?

Nomination Submission Deadline: August 31, 2017

Nominations will be accepted on a rolling basis until the deadline. Every nominee will be recognized and the 40 Caring Adults who are randomly selected will be recognized at the Tompkins County Youth Services Department's 40th Anniversary Celebration happening in October 2017. You can learn more about the 40th Anniversary initiatives and this 40 Caring Adults Campaign here: http://tompkinscountyny.gov/youth/40years.

320 West State/MLK Jr. Street, Ithaca NY 14850 607-274-5310

www.tompkinscountyny.gov/youth

The Tompkins County Youth Services Department invests time, resources, and funding in communities to enable all youth to thrive in school, work, and life.

Nominator Information

Disclaimer: This information will not be used for anything other than to contact you regarding your nomination.

1. First & Last Name
2. E-mail Address
3. Phone Number
()
4. City
5. State
6. Zip Code
7. What is the best method to contact you? □ E-mail □ Phone
8. Relationship to nominee: (ie: colleague, friend, supervisor, mentor, student, etc.)



Nominee Information

Now tell us about the Caring Adult you're nominating.

Below are some qualities that come to mind when we think of Caring Adults:

Caring Adults...

- are willing to spend their time and/or resources to help young people
- encourage youth to do their best
- teach shared values held in the community like equality, equity, honesty, and responsibility
- help to guide youth when they are wrestling with decisions
- help youth to consider the good and bad consequences of their actions
- take time to have meaningful conversations with youth
- are present, dedicated, understanding, patient, caring, kind, committed, honest, helpful, and role models
- care about kids and are concerned about the future
- are interested in the future of young people in Tompkins County
- engage with youth at the place they are
- take the time to mentor others

 12. Age of Nominee □ 24+ □ Nominee is deceased If nominee is deceased, please list contact information of a surviving relative.
9. First & Last Name of Nominee
10. E-mail Address of Nominee (or surviving relative)
11. Phone Number of Nominee (or surviving relative)

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15. Please check all that apply:
☐ Nominee works (or worked) in Tompkins County
☐ Nominee volunteers (or volunteered) in Tompkins County
☐ Nominee lives (or lived) in Tompkins County
14. If the Nominee lives in or has lived in Tompkins County, please let us know which municipality: <i>Check all that apply</i>
☐ Caroline, Town
☐ Danby, Town
Dryden, Town or Village and/or Village of Freeville
☐ Enfield, Town
☐ Groton, Town or Village
☐ Lansing, Town or Village
☐ Ithaca, City
☐ Ithaca, Town or Village of Cayuga Heights
☐ Newfield, Town
Ulysses, Town or Village of Trumansburg
☐ I am not sure
16. Why is the Nominee a Caring Adult? Please provide a detailed description to support your Nominee:

Additional writing space on next page.



17. Are there any additional reasons why you would like to nominate this person?

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