



*Salem County Office on Aging & Disabilities*  
110 Fifth Street, Suite 900  
Salem, New Jersey 08079  
856-339-8622/ SCOOT 856-339-8644  
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## **CRUSADER AWARD**

### **SELECTION CRITERIA AND PROCEDURE**

The major criteria for selecting the award recipients will be the degree and durability of their positive impact on the lives of persons with disabilities within the County of Salem.

The selection of recipients will be made by the Salem County Office on Aging & Disability Services Advisory Board Members.

### **CRUSADER AWARD:**

The Crusader Award will be awarded to an individual/business/organization whose leadership and dedication have greatly improved the services available to residents in the County of Salem with special needs. The nominee must be a resident of the County of Salem or an individual whose energies are primarily directed towards improving the quality of services for the persons with special needs within the County of Salem.

**NOMINEE DEADLINE:** September 21, 2020

**NOMINEE SUBMISSION:** Salem County Office on Aging & Disability  
110 Fifth Street, Suite 900  
Salem, NJ 08079  
(856) 339-8622

# COUNTY OF SALEM'S CRUSADER AWARD

## NOMINATION FORM

Crusader Award

INSTRUCTIONS: Please submit this form together with a detailed statement describing the nominee's contribution in serving the special needs population within the County of Salem. For agencies or organizations include building accessibility, or employment of persons with disabilities and any special equipment or services provided. For individuals include names of organizations for which the nominee provided leadership, dedication or service, and length of service.

Please attach any supporting information, such as newspaper articles, other awards, testimonials or historical data.

NAME OF NOMINEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON(if business or organization): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_(business) \_\_\_\_\_(work)

Nominator's Name: \_\_\_\_\_

Title and Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

What is your connection (if any) with the nominee? \_\_\_\_\_

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed nomination forms to:

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856-339-8622

Deadline: September 21, 2020