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RESET FORM

MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Senior Volunteer Physician of the Year Award

Date of Submission:

Sponsor Name:

Telephone:

Email:

NOMINEE'S INFORMATION

Nominee's Name:

Address:

Telephone:

Email:

MMS Membership: ☐ Yes ☐ No

ORGANIZATION WHERE NOMINEE VOLUNTEERS

Organization name:

Address:

Telephone:

Email:

Nominee name:

VOLUNTEER ACTIVITIES

Describe the volunteer activities of the nominee and why you think he or she is deserving of this award. Be specific to distinguish volunteer responsibilities from other clinical duties the physician may perform. Include how long the physician has been performing these volunteer activities and approximately how many hours per week or month the physician devotes to this volunteer activity.

In keeping with the Committee on Senior Volunteer Physicians' mission to fulfill the health and education needs of patients throughout Massachusetts, consideration will be directed toward efforts involving direct patient care. The volunteer work must occur in Massachusetts.

The nominee must be an MMS member 60 years of age or older.

Deadline for nominations is December 10, 2026

Please email the completed nomination form to:
Skozlowski@mms.org

Questions? Visit massmed.org/awards
or contact Sheila E. Kozlowski at skozlowski@mms.org