



Senior Citizen Volunteer of the Year Nomination Form

Valley Area Agency on Aging would like to present a Volunteer of the Year Award to recognize those in the community who go above and beyond while serving the elderly and disabled. This award is designed to recognize and show gratitude to individuals for their generous contributions toward improving the lives of seniors and people with disabilities in Genesee, Lapeer, and Shiawassee Counties.

Candidates must be age 60 or older.

Please submit your nomination below for the Valley Area Agency on Aging's Volunteer of the Year Award. Please provide as much detail as possible. Each nomination requires a separate form. Multiple nominations from the same person are welcome. All nominees will be recognized.

A mailing address is required for each nominee. Please also provide an e-mail address if available.

If you have any questions, please contact Valley Area Agency on Aging at (810) 249-6520.

The award will be presented at Valley Area Agency on Aging's Annual Meeting held on March 20, 2017.

Nomination forms are available on our website at (www.valleyareaaging.org) and can be submitted via the website. Forms can also be submitted by fax (810-239-8869), E-mail (chemoj@valleyaaa.org), or by postal mail at 225 E. Fifth St. Suite 200 Flint, MI 48502.

Please submit all nominations no later than February 3, 2017.

Thank you for your nomination.

***Required**

Nominee Title*

Dr.

Mr.

Mrs.

Ms.

Other:

Nominee First Name*

Nominee Last Name*

Company/Organization*

If the nominee is affiliated with a company or organization, please provide the name of their affiliation.

Street Address*

City*

State*

Zip Code *

E-Mail Address*

Please provide if available.

Phone*

How has the nominee contributed toward improving the lives of seniors and/or people with disabilities in Genesee, Lapeer, or Shiawassee County?

Consider the following: How has this nominee's volunteerism gone beyond expectations? How long has the nominee been volunteering? Who benefits from the contributions made by the nominee and how has it changed their lives? How does the volunteer help give seniors and those with disabilities more independence? (Please type the response to the questions in the field provided below.)

Please summarize the nominee's impact on seniors and the disabled in our community.

Nominator Title*

Dr.

Mr.

Mrs.

Ms.

Other:

Nominator First Name*

Nominator Last Name*

Company/Organization*

Street Address*

City*

State*

Zip Code*

E-Mail*

May we share your name with the nominee?*

Yes

No, thank you. I'd prefer to keep the nomination anonymous.