

**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.

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 23, 2015 at Brookwood Golf Course on 6045 Davison Road, Burton, MI 48509.

Nominations forms are available on our website at (www.valleyareaaging.org). Please submit your form by fax (810-239-8869) email ([chemoj@valleyaaa.org](mailto:chemoj@valleyaaa.org)) or by mail at 225 E. Fifth St. Suite 200 Flint, MI 48502.

Please submit all nominations no later than February 2, 2015.

Thank you for your nomination.

\*Required

**Nominee Title**\*

Dr.

Mr.

Mrs.

Ms.

Other: Click here to enter text.

**Nominee First Name**\*

Click here to enter text.

**Nominee Last Name**\*

Click here to enter text.

**Company/Organization\***  
*If the nominee is affiliated with a company or organization, please provide the name of their affiliation.*

Click here to enter text.

**Street Address**\*

Click here to enter text.

**City**\*

Click here to enter text.

**State**\*

Click here to enter text.

**Zip Code** \*

Click here to enter text.

**E-Mail Address\****Please provide if available.*

Click here to enter text.

**Phone**\*

Click here to enter text..

**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.)*

Click here to enter text.

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

Click here to enter text.

**Nominator Title\***

Dr.

Mr.

Mrs.

Ms.

Other:Click here to enter text.

**Nominator First Name\***

Click here to enter text.

**Nominator Last Name\***

Click here to enter text.

**Company/Organization\***

Click here to enter text.

**Street Address\***

Click here to enter text.

**City\***

Click here to enter text.

**State\***

Click here to enter text.

**Zip Code\***

Click here to enter text.

**E-Mail\***

Click here to enter text.

**May we share your name with the nominee?**\*

Yes

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