COMMISSION ON AGING
OLDER AMERICAN NOMINEES
2018

Name of nominee: _____

Address: _____
Street **City** **Zip Code**

Phone: _____ **Age**_____ *(for LA County use)*

List the volunteer work your nominee is currently doing in the City of Torrance? How many years have they been involved?

_____

_____

_____

_____

_____

_____

_____

_____

Overview of nominee's special contributions to the community during the past 5 years, specifically, what caused you to nominate him/her?

_____

_____

_____

_____

_____

Your name: _____

If you would like to add anything else about this person: _____

If you need more room please use the back or attach another sheet of paper.