

**COMMISSION ON AGING
OLDER AMERICAN NOMINEES
2024**

Please return by March 21, 2024

Name of nominee: _____

Address: _____

Street City Zip Code

Phone: _____ **Age:** _____

1) What Organization does your nominee represent?

2) How many years have they been involved? _____

3) List the volunteer work your nominee is currently doing and has done for the City of Torrance?

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

Your name: _____ Phone #: _____

E-mail address: _____

Contact person: _____ Phone #: _____

E-mail address: _____

A person we can contact for further information if different from above.

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.

Please return to:

Commission on Aging
Attention: Jesus Castro
3031 Torrance Blvd.
Torrance CA 90503

Or e-mail it to: JesusCastro@torranceca.gov