

**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](mailto:JesusCastro@torranceca.gov)