

# COMMISSION ON AGING OLDER AMERICAN AWARD NOMINATION FORM 2026

**DUE DATE: by 5:00 p.m. Thursday, March 19, 2026**

Nominee Information:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Nominator Information:

Name of Organization \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Number of years served as a volunteer in your organization \_\_\_\_\_

**List the volunteer work he/she is currently doing.**

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**Describe the special contributions he/she has made to the community during the past 5 years.**

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