

**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?

