

SENIOR CITIZEN OF THE YEAR AWARD PROGRAM 2010

Please describe, and attach on a separate sheet, the following with particular emphasis on the nominee's accomplishments during the past year.

L E A D E R S H I P

1. Leadership roles assumed by nominee (include results achieved under nominee's leadership; percentage of time devoted to civic and fraternal activities).
2. Benefit(s) gained as a result of nominee's leadership role.
3. Number of people affected by nominee's leadership and percentage of time devoted to such action.
4. Attributes that indicate nominee is a leader (ability to plan, ability to organize and develop ideas or projects).
5. Memberships held and involvement in business, service and volunteer organizations both past and present, if applicable.

S E R V I C E

1. Benefits to older adults and others as a result of nominee's service.
2. Number of people affected by this service during the past year.
3. The extent the nominee has integrated his or her own skills with the community's needs.
4. What personal growth has been achieved since volunteering.
5. Describe the activities the volunteer is involved in.

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Nomination Form

2010

Sponsored by

**Michigan Office of Services to the Aging
Michigan Commission on Services to the Aging**

		This Nomination is For (choose one)	Leadership <input type="checkbox"/>
			Service <input type="checkbox"/>
Nominee's Name		Age	
Address			
City		State	Zip Code
E-mail Address		Telephone ()	
Occupation (if retired, occupation prior to retirement)			
Can nominee receive award in person?			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	

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Nomination Form
2010

Name of Nominating Organization		
Name of Presiding Officer		
Signature of Presiding Officer		
Address		
City:	State	Zip Code
E-mail Address		
Telephone ()	Fax ()	

*Nomination forms and responses to the appropriate questions
must be postmarked by April 12, 2010*

MAIL TO:

**Michigan Office of Services to the Aging
Senior Citizen of the Year Award Program
P. O. Box 30676
Lansing, MI 48909-8176**