Chemung County Department of Aging and Long Term Care
2016 Senior Citizen of the Year Award Nomination Form

This award will be presented to two Chemung County residents, age 60 or older, for ongoing devotion of time and talent to make a great impact on others, *without pay or compensation*. Nominees may volunteer in a variety of areas or concentrate on just one.

Please use additional pages as needed and be as specific as possible to assist the selection committee's process. If you have any questions or to obtain additional applications, please contact the Department of Aging and Long Term Care at 737-5520. Please return completed application forms by March 18, 2016 to:

Chemung County Department of Aging and Long Term Care
425 Pennsylvania Ave. PO Box 588, Elmira, NY 14902-0588
Attention: OAM Committee - Kim Salisbury
E-Mail: ksalisbury@co.chemung.ny.us FAX 607-737-5521

Nominee Information:
We suggest that you contact your nominee in order to get the complete information requested on this application.

Name: _____

Street Address: _____

City_____ **State/Zip**_____

Phone: _____ **Date of Birth - Month/Year**_____

Email: _____

Currently Employed: Y or N If Yes – Employer information (please include employer name and job title) _____
_____

How many years worked? _____

Previous career/profession: _____

How many years worked? _____

Served in the Military: Y or N If Yes - Branch:_____

How many years? _____

Number of children: _____ **Number of grandchildren:** _____

Number of great grandchildren: _____

Brief biography of the nominee – Is the nominee a native resident of Chemung County? If not, where did they live before and how long have they lived here? Include family details, hobbies, civic organizations etc. **(150 words or less)**

_____
_____
_____
_____
_____
_____

Has this nominee received any past awards, commendations, recognitions?

_____
_____
_____

Please list the nominee's standout Volunteer Contributions:

1) Name of organization served_____
Months_____ and/or Years _____of service
Description of volunteer services_____
_____
_____
Approximate number of people served:_____

2) Name of organization served_____
Months_____ and/or Years _____of service
Description of volunteer services_____
_____
_____
Approximate number of people served: _____

3) Name of organization served_____
Months_____ and/or Years _____of service
Description of volunteer services_____
_____
_____
Approximate number of people served: _____

Please describe how the nominee's volunteer service has impacted the lives of others. Be as compelling and specific as possible. **(125 words or less)**

_____
_____
_____
_____

What sets this nominee apart and why should they be chosen for this recognition?
(50 words or less)

_____
_____
_____

Why did the nominee start volunteering and why do they enjoy volunteering?
(50 words or less)

_____
_____
_____
_____

Do you have an interesting story you wish to share about this nominee? (50 words or less)

_____
_____
_____
_____

In order to invite the nominee's family and special persons to the Older American's Month celebration that will be held on May 2nd, please provide the following information:

1) Name: _____
Relationship:_____
Street Address:_____
City, State & Zip Code: _____
Phone: ( )_____ **E-mail**:_____

2) Name: _____
Relationship:_____
Street Address:_____
City, State & Zip Code: _____
Phone: ( )_____ **E-mail**:_____

3) Name: _____
Relationship:_____
Street Address:_____
City, State & Zip:_____
Phone: ( )_____ **E-mail**:_____

4) Name: _____
Relationship:_____
Street Address: _____
City, State & Zip:_____
Phone: ( )_____ **E-mail**:_____

Nomination Submitted by:
Name: _____
Relationship:_____
Street Address: _____
City, State & Zip:_____
Phone: ( )_____ **E-mail**:_____

For nomination committee only:
Date Received_____