Valley Area Agency On Aging
Answers, Action & Advocacy for **All Things Senior**

Community Volunteer of the Year Nomination Form

Valley Area Agency on Aging (VAAA) is proud to present the Volunteer of the Year Award at our Annual Meeting on April 7, 2027. This award honors a community member aged **60 or older** who goes above and beyond to serve individuals with unmet needs.

Through this recognition, VAAA celebrates and expresses its gratitude for the exceptional dedication, compassion, and volunteer service of an individual whose efforts have made a meaningful difference in the lives of residents throughout Genesee, Lapeer, and Shiawassee Counties.

Please submit your nomination below for the Valley Area Agency on Aging's Community Volunteer of the Year Award. Please provide as much detail as possible about the nominee's volunteer service, accomplishments, and impact on the community.

Please complete a separate nomination form for each nominee. We welcome multiple nominations submitted by the same individual.

Please include the nominee's mailing address. If available, please also provide the nominee's email address to assist with award-related communications.

Thank you for your nomination! If you have any questions, please contact Loraine Travis, RSVP Manager, at 810-600-0619.

Please submit nominations to rsvp@valleyaaa.org by January 29, 2027.

**Required Fields*

Nominee Title*

☐**Dr.** ☐**Mr.** ☐**Mrs.** ☐**Ms.** ☐**Other:**

Nominee Full Name*

Company/Organization*

Street Address*

City* **State*** **Zip Code***

E-Mail Address*

Phone*

How has the nominee contributed toward improving the lives of people in Genesee, Lapeer, or Shiawassee County? Consider the following: How has this volunteer gone beyond expectations? How long has the nominee been a volunteer? Who benefits from the contributions made by the nominee, and how has it changed their lives? How does the volunteer help give seniors and those with disabilities more independence? (Please type the response to the questions in the fields provided below.)

Please summarize the nominee's impact on our community.

**Required Fields*

Nominator Title*

☐**Mr.** ☐**Mrs.** ☐**Ms.** ☐**Dr** ☐**Other:**

Nominator First Name*

Nominator Last Name*

Company/Organization*

Street Address* **City*** **State*** **Zip Code***

E-Mail*

May we share your name with the nominee?*

☐Yes ☐No, thank you. I'd prefer to keep the nomination anonymous.

REMEMBER to save Wednesday, April 7, 2027, at 11 am to your calendar!