



# SOUTHEASTERN ASSOCIATION OF AREA AGENCIES ON AGING

## 2026 OUTSTANDING VOLUNTEER IN AGING AWARD

### NOMINATION FORM

#### NOMINEE'S INFORMATION

**NOMINEE'S FULL NAME:**

**ADDRESS:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**OCCUPATION:**

**EMPLOYER:**

**WORK ADDRESS:**

**EDUCATION:**

**AWARDS/HONORS:**

**ORGANIZATION**

**MEMBERSHIPS:**

**ELDERLY ADVOCACY EFFORTS:**

#### SPONSORING AAA INFORMATION

**SPONSORING AAA NAME:**

**CONTACT PERSON:**

**EMAIL ADDRESS:**

**WILL NOMINEE ATTEND SE4A**

**CONFERENCE:**

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

**(Please Note:** The sponsoring AAA will be responsible for facilitating recipient notification and luncheon attendance.)

#### SUBMISSION INFORMATION

PLEASE RETURN COMPLETED FORM TO LYNNE REEVES, AWARDS CHAIR.

SUBMISSIONS MUST BE POSTMARKED OR RECEIVED VIA EMAIL NO LATER THAN **June 15, 2026.**

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Northwest Georgia Regional Commission/ AAA  
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Rome, GA 30162  
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## **COMPLETION INSTRUCTIONS**

PROVIDE NARRATIVE INFORMATION THAT DELINEATES WHY THE NOMINEE MERITS THE AWARD AND ADDRESSES THE IDENTIFIED TOPICS. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH TO THIS NOMINATION FORM AND ADHERE TO THE FOLLOWING REQUIREMENTS: MAXIMUM OF THREE (3) PAGES, 12 POINT FONT, DOUBLE-SPACED, AND NOMINEE'S NAME ON EACH PAGE.

## **NARRATIVE INFORMATION**

**DETAIL HOW THE NOMINEE'S VOLUNTEER EFFORTS HAVE IMPACTED THE COMMUNITY OR ORGANIZATION.**

**DESCRIBE THE NUMBER OF LIVES THAT HAVE BEEN IMPACTED AS A RESULT OF THE NOMINEE'S VOLUNTEER ACTIVITIES.**

**DESCRIBE HOW THE NOMINEE HAS POSITIVELY IMPACTED VOLUNTEERS.**

**DELINEATE THE NOMINEE'S HISTORY OF VOLUNTEERING IN THE AGING NETWORK; DEMONSTRATE AT LEAST ONE CONTINUOUS YEAR OF ACTIVE VOLUNTEER SERVICE.**