



ARKANSAS GERONTOLOGICAL SOCIETY
Volunteer Awards Nomination Form

Date _____

County _____

Volunteer Nominee/Organization Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Nominating Person Name/Organization _____ Address _____

Phone Number _____ Email Address _____

Award Category (check one)

- SISTER PIERRE VORSTER AWARD**
- FRESHMAN VOLUNTEER**
- OLDEST VOLUNTEER**
- MOST INNOVATIVE VOLUNTEER OR GROUP**
- INTERGENERATIONAL VOLUNTEER OR GROUP**
- OUTSTANDING VOLUNTEER GROUP AWARD**

With what program is the nominee volunteering? _____

List volunteer service(s) to Elderly _____

Number of volunteer hours provided _____

Number of years providing volunteer service to elderly _____

Please describe how this nominee is actively involved in providing volunteer services to individuals who are 65 or older and demonstrates the specific criteria for this award.

Nominations may be sent to:
 AGS Nominations
 PO Box 2371
 Little Rock, AR 72203

NOMINATIONS MUST BE POSTMARKED ON OR BEFORE MARCH 1