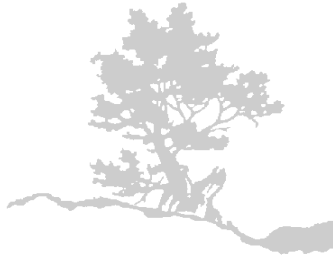


**AGING AND DISABILITY SERVICES DIVISION
NOMINATION FOR SENIOR SAMARITAN AWARD**



NAME OF PERSON TO BE NOMINATED (print): _____
PLEASE PRINT OR TYPE

CITY: _____ COUNTY: _____ TELEPHONE NUMBER: _____

NAME OF NOMINATING PROJECT/CLUB: _____

NAME OF CONTACT PERSON(S): _____

ADDRESS _____ TELEPHONE NUMBER: _____
STREET CITY ZIP

MAILING ADDRESS FOR THE AWARD(S): _____
STREET CITY ZIP

DATE SENIOR SAMARITAN AWARD IS NEEDED: _____

PLEASE GIVE A BRIEF EXPLANATION OF QUALITIES AND ACTIVITIES THAT MAKE THIS PERSON A
UNIQUE CANDIDATE FOR THE SENIOR SAMARITAN AWARD: _____

**PLEASE DO NOT NOMINATE SOMEONE WHO HAS RECEIVED THIS OR THE CURMUDEON AWARD IN
THE PAST. RETAIN ONE COPY FOR YOUR FILES.**

RETURN THE NOMINATION FORM TO: AGING AND DISABILITY SERVICES DIVISION
3416 GONI RD., CARSON CITY NV 89706
or FAX TO (775) 687-4264
or Email to adsd@adsd.nv.gov

DAS USE ONLY: DATE RECEIVED: _____ DATE MAILED: _____
