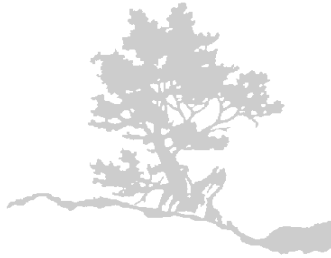


**AGING AND DISABILITY SERVICES DIVISION  
NOMINATION FOR SENIOR SAMARITAN AWARD**



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](mailto:adsd@adsd.nv.gov)

<b>DAS USE ONLY:</b> DATE RECEIVED: _____ DATE MAILED: _____
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