

**WASHINGTON TOWNSHIP  
SENIOR CITIZEN OF THE YEAR  
NOMINATION FORM**

**Tell us about your Nominee.**

(Must be a resident of Washington Township)

**Tell us about their volunteer work, throughout the year, benefitting seniors:**

**Tell us about their volunteer work, throughout the year, benefitting the  
community:**

**Tell us about their participation in Senior Groups & Programs:**

**Tell us about their participation in Community Organizations:**

**Tell us about their history of volunteer work:**

**PLEASE COMPLETE BOTH SIDES OF FORM -----DEADLINE NOVEMBER 30**

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**Tell us about your Nominee.**

(Must be a resident of Washington Township)

**Who would you like to nominate?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Please submit your  
nomination to:**

**WT Seniors Program  
50 Rock Road  
Long Valley, NJ 07853**

**Thank you for your nomination!**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone: \_\_\_\_\_

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