SENIOR HALL OF FAME - NOMINATION

MAIL TO: Senior Hall of Fame

Office on Aging; Attn: C. Radin

330 Fifth Street N.

St. Petersburg, FL 33701

727-893-7102

OR E-Mail: carol.radin@stpete.org



Nomination submitted by (name of contact person and/or organization):

DEADLINE FOR APPLICATIONS: POSTMARKED BY APRIL 10, 2014

Address		
		Phone
		sident of Pinellas County for three plus
years; 65 years of age or older, a	nd provide service through	n volunteering which benefits the quality
of life for residents of St. Petersb	urg.	
Name		
	Current Age	
Address		
		Phone
Seniors named to the SENIOR H		
Please print or type each section	٦.	
1. Service History (number of year	rs):	
2. Type of service (describe majo	r volunteer activities and i	nvolvement in other community activities):

3. Effectiveness of service (benefit to the community at large versus a small group of individuals):

4. Quality of service (decision-making, skills, leadership):
Please add below, in 200 words or less, the reason(s) why this nominee should be selected for induction in the SENIOR HALL OF FAME: Please include a digital photo of the nominee at the service site. E-mail the photo to carol.radin@stpete.org.