



# 2020 Healthy Aging Calendar Nomination Form

Each individual or group can nominate only one senior (aged 65 or older). Consent must be given by the person you are nominating before submitting this form.

**NOMINEE** Full Name \_\_\_\_\_ Telephone \_\_\_\_\_  
City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
Address \_\_\_\_\_

**YOUR NAME** Full Name \_\_\_\_\_ Telephone \_\_\_\_\_  
City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
Address \_\_\_\_\_

Are you nominating on behalf of a group?  Yes  No Group \_\_\_\_\_

Has the nominee consented to be considered for calendar?  Yes  No

(If possible, please submit a digital photo of the nominee doing one of the activities they are being nominated for!)

Choose **only one** of the following categories for which the senior is being nominated. If the nominee fits more than one category, please choose the category for which you feel their contribution is most significant:

- Participation (active lifestyle)     Involvement (volunteering)     Ambition (through work, learning, or teaching new skills)

**In 300 words or less**, please tell us how the nominee contributes, or has contributed in the past **three years** in that category.

Email nominations to: Vanessa Callahan ([vanessacallahan@westernhealth.nl.ca](mailto:vanessacallahan@westernhealth.nl.ca))  
or fax (709) 637-3080.

**Deadline for Nomination is October 18, 2019**