

Nomination Form
North Carolina Senior Tar Heel Legislature
() Delegate or () Alternate

Name: _____

Mailing Address: _____

County of Residence: _____

Phone Number (including area code): _____

E-mail Address: _____

Date of Birth: _____

Employment Status (working, retired, etc. and field of current or former employment): _____

In the space below, describe nominee's experience, background, and knowledge relative to issues important to older adults:

(over)

In the space below, describe the nominee's participation in groups or organizations for older adults and in councils or committees which advise or oversee programs which have an impact on older persons:

In the space below, describe any special skills or attributes of nominee which would enhance his/her effectiveness as a delegate to the North Carolina Senior Tar Heel Legislature:

If not a self-nomination, please indicate the name, address and phone number of person or group making nomination:

Name _____

Address _____

Phone Number (including area code) _____

SIGNATURE OF NOMINEE _____ Date _____

(Note: The signature is required for self-nominations as well as for nominations made by other individuals or groups. This signature of the nominee serves as verification that the person being nominated consents to his/her name being placed in nomination and indicates a commitment on the part of the nominee to participate fully in the orientation and training, the legislative sessions and other activities of the Senior Tar Heel Legislature if selected).

Return Form to Jillian Hardin, Kerr-Tar AAA, P.O.Box 709, Henderson NC 27536