**CUMBERLAND COUNTY CARES APPLICATION**

**«TableStart:DocuShare\_CC\_Cares»**

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| --- | --- | --- | --- | --- | --- |
| If you wish to nominate an individual, group or agency who has had a positive effect on the community through volunteer efforts, please complete the following form: | | | | | |
|  | | | | |  |
| Date: | **«dte\_nomination»** | | | | |
| Name of volunteer (individual, group or agency) being nominated: | | | | | **«nomination\_name»** |
| Address: | **«nomination\_address»** | | | | |
| City: | **«nomination\_city»** | | | Zip: | **«nomination\_zip»** |
| Telephone Number: | | **«nomination\_phone»** | | | |
|  | |  | | | |
| Reason for Nomination: In two paragraphs or less, describe the event or services that qualify this individual, group or agency for the Cumberland County Cares award. | | | | | |
| **«nomination\_reason»** | | | | | |
| Name of Citizen Submitting Nomination: | | | **«submit\_name»** | | |
| Telephone Number: | | | **«submit\_phone»** | | |

Submit by fax to 910-678-7770 or mail to Clerk to the Board, P.O. Box 1829, Fayetteville, N.C. 28302-1829**.**

**«TableEnd:DocuShare\_CC\_Cares»**