

CUMBERLAND COUNTY CARES APPLICATION

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: _____

Name of volunteer (individual, group or agency) being nominated: _____

Address: _____

Telephone Number: _____

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.

Name of Citizen Submitting Nomination: _____

Telephone Number: _____

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