



SPIRIT OF CARING AWARD Nomination Form

Kishwaukee United Way would like to celebrate agency **staff** and **volunteers** with the Spirit of Caring Award. This award is designed to recognize and reward thoughtful, committed citizens who have displayed outstanding volunteer efforts in DeKalb County in service of his or her community. Please complete this nomination form and return to the address at the bottom of this form no later than February 19, 2010. Type or print all answers clearly and fill in all information completely.

Section A **Nominee Information**

1. Last Name _____ First Name _____
2. Address _____
3. City _____ State _____ Zip _____
4. Daytime Telephone (____) _____
5. Evening Telephone (____) _____
6. Name of organization where nominee volunteers or works: _____
7. On a separate sheet of paper, please provide a history of the nominee's service and accomplishments. Use additional pages if necessary. Feel free to attach any supporting documents.

Section B **Your Information**

1. Last Name _____ First Name _____
2. Address _____
3. City _____ State _____ Zip _____
4. Daytime Telephone (____) _____
5. Evening Telephone (____) _____
6. E-mail: _____
7. Your affiliation or relationship with nominee _____
8. Your signature _____ Date _____

Send completed form and all supporting documentation to:

**Volunteer Award Nominations c/o
Kishwaukee United Way
PO Box 311
DeKalb, IL 60115
Fax: 815.748.5142
Phone: 815.756.7522
Email: dawn@kishwaukeeunitedway.com**