COMMANDING GENERAL'S
HELPING HAND AWARD
NOMINATION FORM

Nominee's Name: _____

Mailing Address: _____

Home Phone: _____ **Work Phone:** _____

Nominating Agency: _____**Agency Phone**_____

Name of Person Making Nomination: _____

Estimated Number of Hours Per Month: _____

Position Held (if applicable): _____

Length of time in position: _____

Reason or justification: Explain the effects of the volunteer's service in the community – BE SPECIFIC.

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