



Fluvanna County Community Service Award Nomination

Program Purpose. To formally recognize and award individuals or groups who, by their personal actions, volunteer efforts, and civic or community activities have made a positive impact in Fluvanna County.

Section 1 - Individual(s) or Group being Nominated		
Name of Nominee(s):	Organization (If applicable):	Date(s) of Action:
How can we contact the nominee(s)?		
Section 2 – Description of Acts/Service (Acts or services being recognized must have been performed in Fluvanna County.)		
Recognition Categories (check all that apply):		
<input type="checkbox"/> Heroic or Lifesaving Act	<input type="checkbox"/> Community Leadership	<input type="checkbox"/> Civic Responsibility
<input type="checkbox"/> Volunteer Services	<input type="checkbox"/> Community Spirit	<input type="checkbox"/> Innovation
		<input type="checkbox"/> Mentoring & Coaching
		<input type="checkbox"/> Other Notable Contribution
Reason for Nomination:	Provide detailed factual information about the act or service, including why the nominee’s efforts stand out and how the nominee’s efforts exemplified the recognition category(ies) selected.	
Attach additional sheets or supporting documentation, as needed.		
Section 3 - Person Making the Nomination		
Name:	Phone Number:	Email:
Your relationship to the nominee(s)?	<input type="checkbox"/> Friend <input type="checkbox"/> Co-Worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Family Mbr <input type="checkbox"/> Other _____	
Your Signature:	Date of Submission:	