



**COMMUNITY CARING
AWARDS PROGRAM
APPLICATION**

Please print clearly or type.

PART A

Name:	Social Security Number:
Home Address:	<input type="checkbox"/> Check box if new address
City/State/ZIP:	
Home Telephone:	<input type="checkbox"/> Active Employee
CIGNA Division:	<input type="checkbox"/> Retired Employee
Office Address:	
Internal Routing:	Office Telephone:
Title:	Date Hired:
Supervisor's Name and Title:	Supervisor's Telephone:
Supervisor's Address:	
Street Address:	
City/State/ZIP:	

Please provide the following information about the nonprofit organization with which you or your team served, or will serve, and would like to nominate for this award.

Name of Organization:
Executive Director (or person who heads the organization):
Address:
City/State/ZIP:
Telephone:

PART B

Please provide the following information about your team members:

Only complete if applying for Team Volunteer Award.

Name:	Name:
Department/Division:	Department/Division:
Location:	Location:
Name:	Name:
Department/Division:	Department/Division:
Location:	Location:
Name:	Name:
Department/Division:	Department/Division:
Location:	Location:
Name:	Name:
Department/Division:	Department/Division:
Location:	Location:
Name:	Name:
Department/Division:	Department/Division:
Location:	Location:

PART C

Please answer the following questions as they pertain to your volunteer effort.

- 1. I/We have served this nonprofit for _____ years and _____ months.
- 2. I/We devote _____ hours per month to this organization. (If applying for the Team Volunteer Award, total each person's time.)
- 3. Briefly describe the organization's activities.

- 4. Please list specific services you or your team provided to this organization in the past 12 months.

- 5. What have been the most significant results of your or your team's efforts? (If you need more space, use a separate piece of paper and attach it to the application.)

- 6. Please tell us why your team's volunteer service and this organization should be considered for an award. Consider how your service and the organization affect the community that is being served.

- 7. If this is a request for advance funding, please attach a brief description of the project, including the budget, names of team members involved, amount of time you expect to devote to the project and nonprofit executive director's signature.

PART D

Applicant: Please sign the application below and also ask your manager and an executive from the nonprofit to sign below.

Applicant Signature: _____ Date: _____

Manager: Your signature will certify that the applicant has accurately completed the portions of this application that apply to the Company, is an employee in good standing of CIGNA, is not under any disciplinary probation and has been an employee of the Company for a period of at least one year prior to the date of this application.

Manager Signature: _____ Date: _____

Title: _____

Nonprofit Executive: Your signature will certify that the applicant has accurately completed the portions of this application that apply to the nonprofit.

Nonprofit Executive Signature: _____ Date: _____

Title: _____

RETURN

When application is completed and signed by yourself, your manager and an executive from the nonprofit organization, please return to the address below:

CIGNA
 Community Caring Awards Program
 Two Liberty Place, TL06B
 1601 Chestnut Street
 Philadelphia, PA 19192-2066
 215.761.4885

