



**MARYLAND COMMUNITY  
ACTION PARTNERSHIP**

**Annual Human Services Conference  
Celebrating  
“Partners in Excellence”  
May 03 – 05, 2016**

**Volunteer of the Year  
Submission Form**

Community Action Agencies please complete the information requested below about your agency's Volunteer of the Year and submit the form electronically to [sdavis@maryland-cap.org](mailto:sdavis@maryland-cap.org) on or before **April 1, 2016**.

**Date you completed this form:** \_\_\_\_\_

**Volunteer of the Year Nominee:** \_\_\_\_\_

**Please PRINT and check the spelling of the name before submitting this form.**

**Name of the Agency:** \_\_\_\_\_

**Please PRINT the Full Name of the Agency – No abbreviations please.**

**Name of the contact person submitting this form:** \_\_\_\_\_

**How can you be reached?**

Telephone number: ( \_\_\_\_\_ ) Fax Number: ( \_\_\_\_\_ )

Email Address: \_\_\_\_\_

Please cite the outstanding work and/or major accomplishment in 100 words or less about your nomination. Use the box below to complete your submission.

**This is a test of the number of words to be placed in this box. All over 100 words that exceed the length of the accomplishments by the candidate will not be included in the souvenir book. The number of words total in this box is the exact number of words that will be accepted.**