

**JOHN CARANNA COMMUNITY SERVICE AWARD
NOMINATION FORM**

Date: _____

Name of Nominee/Group: _____

Address: _____

Telephone Number: _____

Years of Residency in Harrison County: _____

Name of Nominator: _____

Organization Represented: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Description of volunteer service(s) and how it benefited others and the community of Harrison County (additional pages may be used):

Please attach additional nomination page(s) to this form.

All nomination packages must be received by March 9th, 2023.