



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

Only complete if applying for Team Volunteer Award.

Please provide the following information about your team members:

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 non-profit 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

