

DOUGLAS-CHEROKEE HELPING HANDS NOMINATION FORM

Name of Employee Making Nomination:

Date:

Name of person for whom you are seeking assistance:

What is your relationship to the person seeking assistance (relation, friend, unknown*):

*If unknown, referred by:

Please describe the situation and type of assistance needed:

Signature of Employee Completing Form

Attach documentation and forward all information/requests to Vikki Easley at vikki@douglascherokee.org.

