# CHARACTER TRAIT NOMINATION FORM

## *"KINDNESS"*

***Acting humanely with consideration of others.***

Name of Nominee: ______________________________________________________________

Address:________________________________________________________________

Phone:______________________________________Email:________________________________________

***REASON FOR NOMINATION:***

Date of Event:_______________________________Place of Event:__________________________________

Primary Source Supporting Event: Eyewitness / Video / Newspaper / Other__________________________

***PROVIDE A DETAILED EXPLANATION IN 300 WORDS OR LESS:***

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Your Name:____________________________________________________________________

**Return Form to: Roby Little at Lee's Summit CARES 901 NE Independence, Lee's Summit Mo. 64086 or email them to rdlittle@rediscovermh.org**