

CERTIFIED BUSINESS OF KINDNESS APPLICATION FORM

Business Information:

Business Name: _____

Business Address: _____

CEO Name: _____

CEO's Contact Information: Phone _____ Email _____

Business Liaison:

This is the person who will be heading up the kindness initiative and will be the point of contact with our organization

Full Name _____

Title/Position _____ Phone _____ Email _____

Business Background:

Number of Employees: _____

Number of Chains/Franchises: _____

What are the key challenges your business currently faces? (e.g., engagement, communication, culture)

Has your business implemented any community service or kindness programs in the past?

Yes

No

If yes, please describe the program and its outcomes: _____

Does your business have social media?

Yes

No

If yes, who oversees it? Full Name _____

Phone _____ Email _____

Required:

- Employee Participation in surveys and signing the Pledge of Kindness.
- Community Outreach - display kindness signs and messaging.
- Consistency - year long program
- Liaison Appointed

Plans and Goals:

With the help of this document, which kindness initiatives are you planning on implementing in your business? (min. of six)
Please describe how you will execute each on in detail. **Reminder that you are not bound to these ideas and encourage you to come up with new and creative ways to incentivize kindness in your city.**

Kindness Ideas.docx

1. _____

2. _____

3. _____

4. _____

5. _____

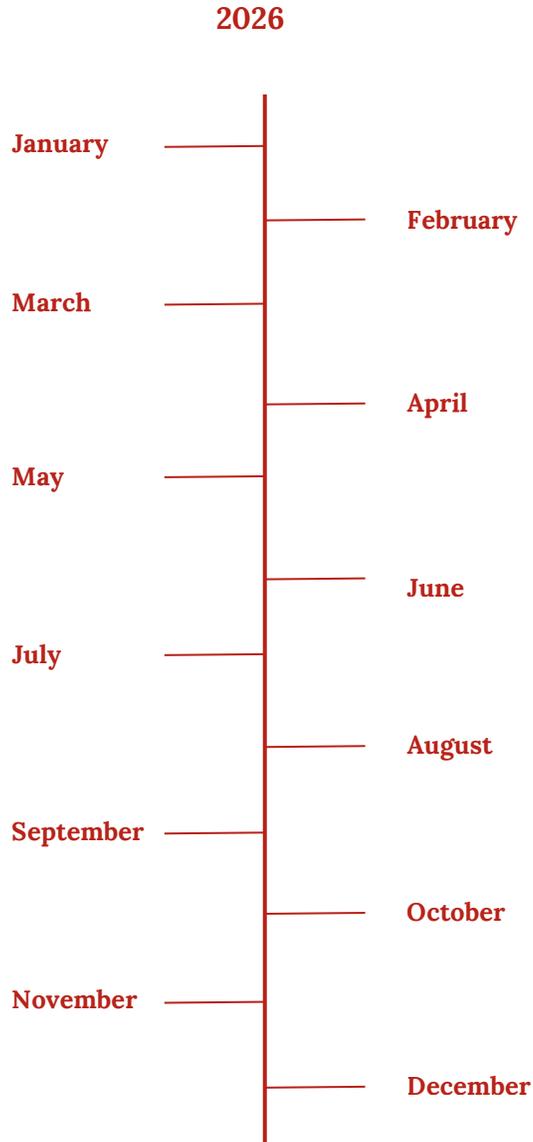
6. _____



Timeline:

To help you get a head start on the planning process and get your plans lined out, please fill out this timeline
Include the following important dates:

- Timeline for 6 initiatives
- When kindness signs will be put up
- Employee Survey being sent out (both pre and post survey)
- Certification Ceremony



Please provide any additional information or comments as needed:

Authorization and Signature:

CEO's Signature

Date