

**Child Abuse Training Services Program
YOU MAKE A DIFFERENCE
2011 Service Award**

NOMINATION FORM

Information about Nominee:

Name of Nominee: _____

Title: : _____

Agency or Organization: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

*Please describe and provide an example of how the nominee demonstrates outstanding professional qualities in working collaboratively with colleagues from a variety of disciplines, in a multidisciplinary team to improve the community's response to child abuse or an example of how the nominee has contributed to the development or enhancement of a Child Advocacy Center.

Name of Nominee: _____

Information about Nominator:

Name of Nominator: _____

Title: : _____

Agency or Organization: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

Professional References:

Please provide two additional professional references for this nominee.

Reference #1:

Name: _____

Title: : _____ Agency/Organization: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

Reference #2:

Name: _____

Title: : _____ Agency/Organization: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

Please send completed nomination forms to:

Julie A. Welch, Child Abuse Training Director

welchj@michigan.gov

116 W. Ottawa St.

Lansing, MI 48913

Fax: 517-334-6787

Nominations must be received by 5:00 p.m. June 30, 2011.