

**HANCOCK COUNTY BOARD OF ALCOHOL,
DRUG ADDICTION & MENTAL HEALTH SERVICES**

V.I.P. AWARDS NOMINATION FOR RECOGNITION FORM

Drafted August 2013

DATE: _____

NAME OF INDIVIDUAL/ENTITY TO BE NOMINATED:

CATEGORY OF NOMINATION:

___ VOLUNTEER (This is an individual or organization that has volunteered their time to advance the mental health/substance abuse system in Hancock County through direct client contact; service in a governance capacity; or service in a leadership role.)

___ INVOLVEMENT (This is an individual or organization that has made a significant contribution of time, talent or resources to the mental health/substance abuse system. This is an individual or organization that would not be typically associated with this field.)

___ PROFESSIONAL (This is an individual who has demonstrated outstanding commitment to the mental health and/or substance abuse system.)

BRIEFLY DESCRIBE WHY YOU BELIEVE THIS INDIVIDUAL OR ORGANIZATION SHOULD RECEIVE THIS AWARD:

NAME AND CONTACT INFORMATION FOR THE PERSON NOMINATING:

PLEASE RETURN TO THE BOARD OFFICE BY OCTOBER 31

Email to: zthomas@yourpathtohealth.org

Mail to: 438 Carnahan Ave., Findlay, OH 45840