

# MHA NOMINATIONS DEADLINE

is Friday, Noon, April 8, 2016

58<sup>th</sup> MHA ANNUAL AWARDS RECEPTION:  
**MAY 10, 2016, Ft. Walton Beach Yacht Club**

## Who Are "YOU" Nominating?

The MHA in Okaloosa / Walton requests nominations for Treatment Professionals and Volunteer awards for presentation at its 58<sup>th</sup> Annual Awards Reception on May 10, 2016. **Hold the date & Nominate**, and call in your reservation NOW!

- 1. MENTAL HEALTH TREATMENT PROFESSIONAL OF THE YEAR AWARD:** To an individual who has made a significant contribution through personal involvement affecting an area of mental health/ chemical dependency in Okaloosa/Walton due to vocation. (Professional Providers)
- 2. MENTAL HEALTH COMMUNITY VOLUNTEER:** To an individual who has made a real contribution in an area of mental health/chemical dependency in Okaloosa/Walton due to voluntary, non-paid activities. (Volunteer)
- 3. SALISBURY AWARD FOR SERVICE TO CHILDREN:** To an individual, in any profession, who has made a significant contribution in service to children. (Professional)
- 4. PEER SPECIALIST AWARD.** To a Consumer/Peer Specialist for significant contributions in the area of recovery oriented Programs

Selection will be based on MHA goals: **Improving Mental Health through Advocacy, Education, and Service**

Nominations should be **faxed** to 850-244-2573, or **Email** to ([mhaowfl@mhaow.org](mailto:mhaowfl@mhaow.org)); Questions? 244-1040

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### 58<sup>th</sup> MENTAL HEALTH ASSOCIATION AWARD NOMINATION FORM

Nominee's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Place of Work \_\_\_\_\_

**PLEASE WRITE A BRIEF (1 page) NARRATIVE with examples of Extraordinary service to include the following:**

**I. *Involvement in mental health/chemical dependency, or services to children, or recovery:***

- Length of Involvement \_\_\_\_\_
- Category: Volunteer \_\_\_\_\_ Professional \_\_\_\_\_
- Contribution to mental health/chemical dependency or children's services, or recovery,  
Impact on individuals or community life,  
Improving mental health/chemical dependency services or children's services,  
Support of existing services,  
Public education efforts,  
Other explanatory information.

Nominator's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_