

The 15th Annual Shine A Light On Child Abuse Awards Breakfast



March 28
2013



INSTRUCTIONS

Please use a separate nomination form for each nominee

In addition to providing the information at the right, we ask that you describe the nominee's qualifications on a separate sheet of paper. Please include the work s/he performs, his or her unique contributions to the work done that go beyond the duties of his/her job, along with their special relationships with children and youth.

(Minimum 500 words, Maximum 1,000 words)

Nominations received with less than 500 words will not be accepted.

MAIL FORM & ESSAY TO:

Children's Network
Shine A Light Nominations
825 E. Hospitality Ln.
2nd Fl
San Bernardino, CA
92415-0049

FAX FORM & ESSAY TO:

(909) 383-9688

EMAIL FORM & ESSAY

TO:

dmckinney@
hss.sbcounty.gov

DEADLINE:

**5:00 p.m. on
February 15, 2013**

QUESTIONS:

(909) 383-9677

NOMINEE INFORMATION *(Please print or type)*

NAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

WORK TELEPHONE: _____

AGENCY/ORGANIZATION: _____

JOB TITLE _____

CATEGORIES

Business

Foster Parent

Probation

Dept. of Behavioral Health

Law Enforcement

Dept. of Public Health

Children and Family Services

Legal

Volunteer

Community Based Provider

Medical

Other (please specify)

Education

Organization

NOMINATOR INFORMATION *(Please print or type)*

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

WORK TELEPHONE: _____

AGENCY/ORGANIZATION: _____