

# URGENT

## 52<sup>nd</sup> MHA ANNUAL AWARDS RECEPTION: MAY4, 2010 Fort Walton Beach Yacht Club

### *Who Are "YOU" Nominating?*

The MHA in Okaloosa / Walton Counties requests area professionals, groups, organizations, and individuals to submit nominations for professional, volunteer, and consumer awards to be presented at its **52<sup>nd</sup> Annual Awards Reception on May 4, 2010. Hold the date!** Nominate and call in your reservation NOW!

- 1. OUTSTANDING MENTAL HEALTH PROFESSIONAL.** To an individual who has made a significant contribution through personal involvement affecting some area of mental health/ chemical dependency in Okaloosa/Walton Counties as a result of his/her vocation. (Professional)
- 2. OUTSTANDING MENTAL HEALTH COMMUNITY VOLUNTEER.** To an individual who has made a real contribution in an area of mental health/chemical dependency in Okaloosa/Walton Counties as a result of his/her voluntary, non-paid activities. (Volunteer)
- 3. ELISE R. SALISBURY AWARD FOR EXCELLENCE.** To an individual, working in or out of the mental health field, who has made a significant contribution in service to children. (Professional)
- 4. SUSTAINED EXTRA ORDINARY SERVICE AWARD:** To a Treatment Professional for a significant career of therapeutic work.
- 5. CONSUMER/PEER SPECIALIST.** To an individual, with a diagnosis, who has made a significant contribution promoting recovery, quality of life, and hope to other MH/SA consumers.

Selection will be based on MHA goals:

Promoting mental health      Preventing mental illnesses      Improving conditions for mentally ill persons

**Deadline for receiving nominations is Monday, April 5, 2009.** Nominations should be faxed to 850-244-2573; Mailed to MHA O/W, 571 Mooney Road, Fort Walton Beach, FL 32547. Questions or additional nomination forms may be obtained by fax, e-mail (mhaowfl@mhaow.org), or phone (850-244-1040).

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### 52<sup>nd</sup> MENTAL HEALTH ASSOCIATION AWARD NOMINATION FORM

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

#### **Involvement in mental health/chemical dependency or services to children:**

- (a) Area Length of Involvement \_\_\_\_\_  
(b) Category: Volunteer \_\_\_\_\_ Professional \_\_\_\_\_

#### **Nature of involvement:**

- (a) Contribution to mental health/chemical dependency or children's services in Okaloosa/Walton  
(b) Impact on individuals or community life  
(c) Improving mental health/chemical dependency services or children's services  
(d) Support of existing services  
(e) Public education efforts  
(f) Promoting recovery, quality of life, and hope  
(g) Other explanatory information

**\*\*\*PLEASE WRITE A BRIEF, BUT SPECIFIC NARRATIVE\*\*\***

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