

ACYCP CHILD AND YOUTH CARE LIFETIME ACHIEVEMENT AWARD NOMINATION FORM

As part of its strategy to professionalize the **field of child and youth care work (CYC)**, the **Association for Child and Youth Care Practice (ACYCP)** is offering an exciting opportunity for members to nominate a colleague for their sustained contributions to the profession. The award consists of an attractive engraved plaque and a public announcement. You know your colleagues best, so we welcome your input and participation!

- *Nominators MUST be current ACYCP members, however, nominees DO NOT need to be ACYCP members*
- *Nominators may consist of more than one person, but at least one nominator MUST be an ACYCP member*
- *Nominees do not have to be currently employed and may be retired, but not deceased*
- *Nominators may submit more than one nomination, but on separate nomination forms*
- *Nominees may come from any area of the broad child and youth care field*
- *Nominees may come from any level of practice (ex. direct care, research, administration, supervision, etc.)*
- *Nominees may reside or practice in any part of the world*
- *Finalist nominations are reviewed and a winner selected by the ACYCP Board of Directors*
- *Nomination forms are coordinated by the ACYCP Membership Committee*
- *Winners are only eligible for one award*
- *Nominees hereby consent to their nomination and any related publicity*
- *Nominator(s) hereby consent to any publicity related to their nomination submission(s)*
- *Award finalists will be notified prior to the selection of a winner*

This is an excellent way to demonstrate recognition and appreciation for a wide range of service, leadership and experience not always readily recognized in day-to-day CYC job performance. The more objective supporting evidence and material you can provide the better. Supporting documentation may be attached to this form (reproductions ONLY). **If you want someone to know just how much you appreciate and recognize their contributions and achievements, then just download and complete this form. Then send it to the Membership Committee Co-chair, Michael Mitchell, at: propman46@gmail.com or call (608) 846-2860. Or you can hard copy it and mail to: Jody Rhodes, ACYCP, at P.O. Box 510423, Milwaukee, WI 53203.**

Please Print

Nominee Name: _____ Phone: () _____

Address: _____ City: _____ Postal Code: _____

State/Province/Country: _____ Current Employer (if any): _____

Nominator Name(s): _____ Phone: () _____

Address: _____ City: _____ Postal Code: _____

State/Province/Country: _____ Current ACYCP Member Name: _____

Nominator's Statement: (Why are you nominating this person? Attach additional pages or supporting documents [reproductions only] as desired.)