



Building Hope for Recovery through Education, Support and Advocacy

**NAMI Stark County Annual Celebration
of Volunteerism, Wellness & Recovery
Tuesday, March 20, 2018 5:30 p.m.**

**We invite you to nominate Professionals of the Year and
Peers of the Year and attend an evening
of celebration and recognition.**

**NAMI Stark County Volunteers
NAMI Stark County Volunteers of the Year
Professionals of the Year
Peers of the Year**

**Holy Trinity Lutheran Church
2551 55th St., N.E., North Canton, OH 44720**

5:30 pm Food and Refreshments

6:30 pm Volunteer, Professional and Peer Recognition

**There is no charge for this event, but please call the
NAMI Stark County Office to reserve
your seats at 330-455-6264 by February 16, 2018.**

Nominations must be received by February 16, 2018

Submit to NAMI Stark County via mail or email.

Address: 121 Cleveland Ave. SW, Canton, OH 44702. Email: namistark@namistarkcounty.org

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Professionals of the Year Award

This is an opportunity to express our gratitude for outstanding service in our community and say thank you for a job well done in service to our “Loved Ones”. We all know the road to recovery for our peers dealing with mental illness would not be possible without the help from each of our respective agencies.

Please consider nominating employees from your agency who you would like to recognize. Professionals in the mental health arena can include Certified Peer Supporters, Case Workers, Psychiatrists, Psychologists, Nurses, Counselors, Employment, Support Staff, etc. You can nominate as many people from your agency as you like, please fill out a nomination form for each nominee.

Peers of the Year Awards

NAMI Stark County would like to recognize those who have shown the most effort towards staying in the recovery stage of their illness. We are looking for attributes such as, but not limited to:

Taking an active role in his or her recovery

- Participation in treatment (medication, therapy, group therapy, etc.)
- Keeping appointments
- Maintaining sobriety (if this applies)

Going beyond the norm to help themselves and others

- Volunteering time to help at an agency or helping others in their recovery
- Returning to work and excelling at a job

NAMI Stark County encourages all area providers to participate. All professionals and peers nominated will be recognized. As part of the nomination process we encourage the person nominating and nominees to attend the event.

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PROFESSIONALS OF THE YEAR NOMINATION FORM

May include psychiatrists, nurses, therapists, case managers, peer specialists, etc.

Using agency letterhead attached to this form, please briefly tell us:

1. Name and title of person nominating and contact information including name, work address & phone number
2. Nominee's Name and title (employee to be nominated)
3. Nominee contact information including name, work address & phone number
4. Reason for nominating this professional. We are looking for attributes such as, but not limited to:
 - Strong ability to build a therapeutic relationship
 - Client focused
 - Recovery oriented
 - Good listening and communication skills
 - Incorporates Motivational Interviewing
 - Trauma informed
 - Culturally competent

INFORMATION RELEASE

NAMI Stark County and the above named agency have my permission to release my name and information for the sole purpose of the Professional of the Year award. If chosen, my photo and other information shared on the attached sheet(s) may also be shared with those attending the award ceremony and NAMI's newsletter and other media/publications.

Name (Nominee) (please print): _____

Nominee Signature: _____ Date: _____

Person Nominating (please print): _____

Person Nominating Signature: _____ Date: _____

There is no limit to how many persons an agency can nominate. All Nominees will be recognized. Winners will receive a plaque and prize.

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PEERS OF THE YEAR NOMINATION FORM

Using agency letterhead attached to this form, please briefly tell us:

1. Name and title of person nominating and contact information including name, work address & phone number
2. Peer (Client) Name
3. Peer (Client) information including name, work address & phone number
4. Description of how the nominee has taken an active role in his/her recovery.
Examples include:
 - Participation in treatment (medication, one-on one therapy, group therapy, etc.)
 - Maintaining sobriety (if this applies)
 - Maintaining stability
 - Going beyond the norm to help themselves and others
 - Volunteering time to help at an agency or helping others in their recovery
 - Returning to work and excelling at a job
 - Or other reasons for nominating

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Name (Nominee) (please print): _____

Nominee Signature: _____ Date: _____

Person Nominating (please print): _____

Person Nominating Signature: _____ Date: _____

There is no limit to how many persons an agency can nominate. All Nominees will be recognized. Winners will receive a plaque and prize.

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