



Nomination Form

2025

Instructions for Nominators

Please submit the completed nomination form and any materials supporting your nomination by **August 29** to:

MCBDDS Community Relations, 8114 N. Main St., Dayton, OH 45415

or to

communityrelations@mcbdds.org

Nominations **must be received and/or delivered no later than 4 p.m. Friday, August 29 or they will not be eligible for consideration.** Should you have questions about the nomination process, please call 937-776-0866 or 937-732-3706.

Nominee Information

Nominee Name as it should appear on plaques, publicity, etc. (PLEASE PRINT):

(first) (middle or middle initial) (last)

Age: _____ **County of Residence:** _____

Home Address: _____

City _____ **ZIP Code** _____

Phone Number _____

Email address _____

Name of Service and Support Administrator (SSA) or Early Intervention Specialist, if known:

What is your t-shirt size? (check box next to size) S M L XL 2XL
 3XL 4XL 5XL Other

Category of Nomination

Please check the most appropriate category for the nominee's accomplishments:

- | | |
|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Personal Accomplishment |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Community Service | |

References for Nominee

Please list at least one person who can speak to the nominee's accomplishments in the category related to the nomination.

Reference #1:

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
|------|--------------|--------------|

Reference #2:

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
|------|--------------|--------------|

Reference #3:

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
|------|--------------|--------------|

Recognition and Affiliations

Complete for all nominees.

What awards and recognition has the nominee received that relate to the award you are nominating them for? (These may include recognition for work, volunteer activities, community service, athletic accomplishments, advocacy, artistic accomplishment, music accomplishment, etc.)

Name of Award

Name of Awarding Organization

Date Received

Does the nominee belong to any organizations or associations that relate to the award you are nominating them for? (These may include advocacy groups, religious groups, community groups, employment groups, athletic teams, art or music groups, etc.)

Name of Organization

Length of Membership

Offices held

Arts, Advocacy, Athletics or Personal Accomplishment Award

Complete this section if you are nominating someone for an Arts, Advocacy, Athletics or Personal Accomplishment award. Attach additional sheets, if necessary, to elaborate. Note: Responses must show a record of accomplishment over time.

What has the person accomplished? _____

What motivated the person to achieve their goal? _____

How did the person achieve this outcome? _____

Did they have to overcome any obstacles? If so, what? _____

Why does their accomplishment deserve Hall of Fame recognition? _____

Employment Award Complete if Employment Category nominee. Attach additional sheets, if needed.

Company name/s: _____

Work location/s: _____

Job tasks or responsibilities: _____

How long has the person worked there? (please give start date) _____

Did the person need to learn new skills for the position? How did this impact the person? _____

Did they have to overcome any obstacles? if so, what? _____

Explain why their contribution deserves Hall of Fame recognition:

Who is their supervisor? _____

Can we contact their supervisor? Yes No **Supervisor's Contact Information:** _____

Community Service Award Complete if Community Service nominee. Please attach extra sheets, if needed.

What organization/s does this person volunteer for?

Location/s: _____

Job tasks or responsibilities: _____

How long has the person volunteered there? (please give start date/s) _____

Did the person need to learn new skills for the position? How did this impact the person? _____

Did the person have to overcome any obstacles in order to serve? if so, what? _____

Explain why their accomplishment deserves Hall of Fame recognition: _____

Who is their Supervisor/Site Coordinator? _____

Supervisor/Site Coordinator's contact information: _____

Authorization for Release of Information

This section must be signed and dated by nominees in all categories.

I understand that I have been nominated for induction into the Montgomery County Board of Developmental Disabilities Services (MCBDDS) Developmental Disabilities Hall of Fame. If I am selected for induction, I give permission to MCBDDS to use my name, likeness, voice, work, personal or background information and achievements and information included in this nomination in events and activities associated with the Hall of Fame and the work of MCBDDS.

I release MCBDDS from any liability associated with violation of privacy, confidentiality, personal or property rights that individuals or their guardians have in connection with such materials. Consent also affirms that individuals or their guardians a) waive any right to approve said materials, and b) understand that their participation is voluntary, and will not lead to financial compensation of any type.

The Montgomery County Board of Developmental Disabilities Services has my permission to use my/my child's name, likeness, voice, work, personal or background information and achievements for community awareness, news or promotional purposes. I understand that publication may encompass presentations as well as print and electronic vehicles, including websites, videos, news outlets, social media sites, and more.

In granting this consent, I release and hold harmless the Montgomery County Board of Developmental Disabilities Services, its agents and successors, from liability or harm that may result from the publication of such materials.

I further understand that if I am not selected, no information from this nomination will be used by MCBDDS without my consent.

Name of Nominee

Signature of Nominee

Date

Nominator Information

Name/s of Nominator/s: _____

Organization represented, if applicable: _____

Phone Number/s: _____

Email address/es: _____

Signature/s of Nominator/s: _____

Dictated to, if applicable: _____