



# Erin Ritchey Memorial Awards

# 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](mailto: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.

- Achievement:** Recognizes a significant achievement of an individual or individuals with developmental disabilities
- Business:** Recognizes outstanding contributions of businesses or organizations that offer employment or training opportunities for an individual or group of individuals with developmental disabilities
- Carl Day Volunteer Service:** Recognizes individuals or groups that provide significant support and assistance on a volunteer basis to people with developmental disabilities, or to organizations that serve people with developmental disabilities
- Community:** Recognizes people or organizations that enrich or empower people with developmental disabilities
- Direct Support:** Recognizes any direct service personnel in public, private or specialized programs who demonstrate excellence in working with students and adults with developmental disabilities
- Educator:** Recognizes an educator who demonstrates excellence in teaching students and adults with developmental disabilities
- Erin's Award:** Recognizes parents, family members and guardians of people with developmental disabilities whose actions demonstrate the spirit of the Erin Ritchey Memorial Awards
- Spirit Award:** Recognizes administrative, management or supervisory staff working in the developmental disabilities field whose actions demonstrate the spirit of the Erin Ritchey Memorial Awards
- Other** (please explain)

## References for Nominee

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

### Reference #1:

Name	Relationship	Phone Number
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### Reference #2:

Name	Relationship	Phone Number
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## Nominee Recognition

Complete for all nominees.

**What awards and recognition has the nominee received?** (These may include recognition for leadership, community service, community development, professional accomplishments, athletic accomplishments, advocacy, artistic accomplishment, employment, etc.)

Name of Award	Name of Awarding Organization	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Nominee Affiliations** Complete for all nominees.

**Does the nominee belong to any organizations or associations?** (These may include advocacy groups, professional associations, employment groups, community groups, religious groups, athletic teams, art or music groups, etc.)

Name of Organization	Length of Membership	Offices held
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<hr/>		
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**Nominee Achievements and Contributions**

Complete for all nominees. Attach additional sheets, if necessary, to elaborate.

**What has the nominee accomplished or contributed? Please describe.**

**Explain the impact their achievement or contribution has had on others, on themselves, and/or in enhancing the lives of people with developmental disabilities.**

**How does their achievement or contribution fit the spirit of the Erin Ritchey Memorial Awards?**

**Why does their accomplishment deserve Erin Ritchey Award recognition?**

**Any Further Information to Share?** To be completed for all nomination categories.

**Explain or provide evidence of why the nominee should be considered for an Erin Ritchey Memorial Award.** You may attach or include documentation, such as newspaper clippings, letters of commendation, award certificates, photographs, etc., that support the nomination of the person. You may also choose to include information that explains:

- **Outstanding achievement** (examples could include the recognition of significant achievement, such as a state basketball championship or a local or regional art, music or volunteer award; the founding of a business, organization or program; etc.)
- **Extraordinary contributions that support people with developmental disabilities** (examples could include, but are not limited to, noteworthy advocacy efforts, organizing an advocacy group or event, etc.)
- **How the nominee's accomplishment or contribution had a positive and significant impact on others** (examples could include providing mentoring or employment for people with developmental disabilities, the development of a program that enhances the lives of people with developmental disabilities; volunteer efforts that enrich the lives of others, etc.)
- **How the nominee's accomplishment or contributions have had a positive and significant impact on self or organization** (for example, changing a habit that has made a long-term difference in their health, well being, and/or education)
- **A nominee's record of accomplishment or contributions over time** (examples could include, but are not limited to, awards or recognition from an outside organization; expansion of a program; achievement in a particular field; length of service to organization or dedication to an issue; etc.)

# 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: \_\_\_\_\_