

**Twenty-Seventh Annual Community Service Awards  
OFFICIAL NOMINATION BALLOT**

Name of Nominee: \_\_\_\_\_ Organization: \_\_\_\_\_  
*Nominee must live or work in Orange County* *If applicable*

Nominee Mailing Address:

\_\_\_\_\_ Street or PO Box City Zip code

Nominee Phone Number: \_\_\_\_\_ Nominee's Email: \_\_\_\_\_

My nominee's contributions were made primarily as a:  Client  Professional  Volunteer

Nominated by: \_\_\_\_\_  
*Print your name* *Organization (if applicable)*

I am nominating as: \_\_\_\_\_ Organization Representative \_\_\_\_\_ Individual

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box City Zip code

Did you interview your nominee:  Yes  No

Will you attend the award luncheon on February 25, 2021 in support of your nominee?  Yes  No

Identify nominee's affiliation with you or your organization and length of service:

Check the category/categories where nominee has made a significant impact:

1. \_\_\_\_\_ Reduced Stigma
2. Increased understanding, education, awareness and/or demonstrated leadership in/to:  
\_\_\_\_\_ Legislative  
\_\_\_\_\_ Non-profit  
\_\_\_\_\_ Business  
\_\_\_\_\_ Other community arenas
3. \_\_\_\_\_ Mentored others
4. \_\_\_\_\_ Overcome extraordinary challenges
5. \_\_\_\_\_ Inspired by his/her example
6. \_\_\_\_\_ Provided exceptional care
7. \_\_\_\_\_ Added to knowledge about mental health or other special achievements
8. \_\_\_\_\_ Enhanced mental health care and/or treatment

Describe/illustrate your nominee's contributions in the above categories checked. Please be specific and complete. ***You may attach additional information or comments for judges to review (limited to one page).***

List reasons why the nominee's impact on others is deserving of the Community Service Award

Describe your nominee in one word: \_\_\_\_\_

**Thank you for your nomination and support!**

**NOMINATION DEADLINE: FRIDAY, DECEMBER 11, 2020**

***Please return form to Pam Presnall***

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By mail: MHA, 1971 E. 4<sup>th</sup> Street, Suite 130A, Santa Ana, CA 92705

By secure E fax: (714) 640-5767