



WEST VIRGINIA CENTER FOR CHILDREN'S JUSTICE

PROTECT • HEAL • THRIVE

Information about Nominee

Name of Nominee:

Title:

Agency or Organization:

Mailing Address:

City/State/Zip:

Phone number:

Email Address:

Information about Nominator

Name:

Title:

Agency or Organization:

Mailing Address:

City/State/Zip:

Phone number:

Email Address:

Instructions for narrative (attach a separate page)

Please answer all questions. Narratives over 400 words will not be considered.

1. How has the nominee gone the extra mile for children who have experience abuse or neglect?
2. What enhancements of multidisciplinary investigative team or collaborative functioning can be attributed to the nominee?
3. Is there anything else you would like the award selection committee to know about this candidate?

Professional References (attach a separate page)

Please provide **two** additional professional references for the nominee. References should be familiar with the nominee's collaborative activities related to protecting children from the impact of child abuse and/or neglect. Include the following information:

Name:

Title:

Agency or Organization:

Mailing Address:

City/State/Zip

Phone number

Email Address: