

One Caring Adult Foundation

It Takes One Caring Adult!



Nomination Form

Nominee Information

Nominee Name:	Position:
Organization Name:	Telephone No. ()
Organization Address:	

Select one of the four categories below: In a type written statement of 200 words or less, please describe what this nominee did to inspire you. Remember your nomination should highlight achievements and activities carried out from September 2011 – August 2013. **Please attach type written statement and also provide a 3x5 photo of nominee.**

- Dedication Partnership Builder
 Innovative & Creative Team Achievement

Mail to: OCAF: 1004 West Covina Pkwy #225, West Covina, CA 91790

Name of Nominator:	Telephone No.: ()
Nominator's Signature:	Date:
Nominator's Email Address:	

Please note: Only one award will be given in each category