

**BEHAVIORAL HEALTH COMISSION  
2015 SPECIAL RECOGNITION AWARD NOMINATION**



Nominee: \_\_\_\_\_

Job Title: \_\_\_\_\_

Clinic/Agency  
Name: \_\_\_\_\_

- Consumer/Family Member    Creative Artist/Performer    Consumer Conscious Agency    Volunteer  
 Direct Service Provider    Office Support Staff    Supervisory Staff    Administrative Staff

**Using CORE VALUES, clearly state why the nominee is the best candidate:**

*(Signatures below are required. Please print.)*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

*(Please provide the signature of your Supervisor)*

**NOMINATION FORMS WILL BE ACCEPTED NO LATER THAN: Friday, November 20, 2015**

Email a scanned copy: Debi Pasco [dpasco@dbh.sbcounty.gov](mailto:dpasco@dbh.sbcounty.gov)  
Interoffice County Mail Code: 0026 – Attn: Debi Pasco  
Fax: (909) 890-0435  
Or mail to: DBH Administration, 303 E. Vanderbilt Way  
San Bernardino, CA 92415-0026; Attn: Debi Pasco