

Nomination Form - Torch Award
Colorado Coalition for Elder Rights and Adult Protection (CCERAP)

Recognition of individuals that exemplifies the mission, objectives or goals of CCERAP through their own actions.



Nominee name: _____
(Person and/or business/organization):

Address: _____

Phone number: _____

E-mail: _____

Nominee has done an exceptional work to:

- Promote awareness of elderly/at-risk adult abuse
- Prevent an actual case(s) of abuse against elderly/at-risk adults
- Stop an actual case of abuse against an at-risk adult
- Provide support and/or assistance to CCERAP programs or educational activities

Affiliation:

- | | |
|---|--|
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Victims Services |
| <input type="checkbox"/> APS | <input type="checkbox"/> Financial institution |
| <input type="checkbox"/> Home Health Services | <input type="checkbox"/> Media/education |
| <input type="checkbox"/> Other _____ | |

Describe why this person/organization should be recognized: (Attach pages)

*Submitted by: _____

Date: _____

Phone number: _____

Email: _____

*Note: If submitted by more than one person, please attach a list of all names.

Nomination and recognition procedures:

- Nomination may be submitted at any time.
- Nomination will be reviewed and up to two will be selected by the CCERAP steering committee for special recognition at the July Quarterly Meeting.
- All names of individuals and organizations appropriately nominated will be listed in the quarterly CCERAP newsletter with permission of each nominee.
- Unsuccessful nominations may be updated and resubmitted.
- Submit all nominations to: KATHY RICKART, CCERAP Coordinator, 219 Cattail Bay, Windsor, CO 80550 or fax: 970-674-8712 or email to CCERAP@comcast.net by April 1. Any nomination received after April 1 will be considered for the following year.