



Outstanding Service Award 2019

The Bucks County Children's Advocacy Center is pleased to announce the 2019 Outstanding Service Award to recognize the contribution of professionals who demonstrate excellence in protecting children from the devastating impact of abuse and exploitation. These awards are intended to recognize professionals who have made a significant positive contribution to services that address child abuse and exploitation in their community.

Selection Criteria will include:

- The nominee should be a current "front-line" professional within the Bucks County Multidisciplinary Team (Child Welfare, Law Enforcement, Prosecution, Victim Services, and Medical) who exhibits at least **one** of the following:
 - Outstanding professional qualities in working collaboratively with colleagues from a variety of disciplines, in a multidisciplinary team or other setting, to improve the community's response to child abuse and exploitation.
 - Significant contributions to the development, continuation or enhancement of the Children's Advocacy Center (CAC) model.
 - Demonstrates extraordinary dedication and skill in their care and efforts on behalf of children and families who have experienced abuse or exploitation.
 - Demonstrates the spirit of empowerment reflected in their enthusiasm, dedication and impact on the child abuse survivors and families they serve.

Completed nominations are due by **11:59 p.m. EST, Monday, May 13, 2019**. Please submit nominations by e-mail conference@buckscac.org or by fax 215-343-6260.

Nominations will be reviewed and a recipient selected by a committee of members of the Bucks County Multidisciplinary Team. The award recipient will be recognized during the 7th Annual Bucks County Conference on Crimes Against Children on **Tuesday, June 4th, 2019**, at Delaware Valley University in Doylestown, PA.



Bucks County Children's Advocacy Center

***Outstanding Service Award
2019
Nomination Form***

Nominee Information (Please Print)

Name: _____

Job Title or Position: _____

Agency or Affiliated Organization: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Work Cell
Please Circle One

Email Address: _____

Nominator Information (Please Print)

Name: _____

Job Title or Position: _____

Agency or Affiliated Organization: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Work Cell
Please Circle One

Email Address: _____

