



CHILDREN STAND FOR CHILDREN CELEBRATION BANQUET
Nomination Form

Do you work with children and youth? Do you know a child, teenager or youth group that has made a difference in the lives of children in need or created a safer community through a community service project? How about a youth leader or teacher that has encouraged youth to perform community service? We want to know whom you'll nominate to receive a special recognition award at Hillsides' Children Stand for Children Fifth Annual Celebration Banquet on Thursday, May 3. We're looking for any service project, including those performed in your community or for other kids in need, not necessarily for Hillsides.

Nomination forms should be submitted no later than February 28, 2007.

Please complete this form and fax to: (323) 255-0962 or mail to Julia Cody, Development Associate, Hillsides, 940 Avenue 64, Pasadena, CA 91105.

Nominating: [ ] Child or Youth [ ] Youth Leader/Organization/Club

Which Award? (select one)

- [ ] Justice Award [ ] Imagination Award [ ] Compassion Award
[ ] Leadership Award (For student) [ ] Mentorship Award (For youth leader)

Your Name (please print): \_\_\_\_\_

Name of Nominee (please print): \_\_\_\_\_

Your School/Organization: \_\_\_\_\_

School/Organization of Nominee: \_\_\_\_\_

Age of Nominee (if youth): \_\_\_\_\_

How long have you worked with this person? \_\_\_\_\_

Service Project Title: \_\_\_\_\_

Community Service Project: \_\_\_\_\_

Multiple horizontal lines for additional information.

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Why should this individual be recognized for their service to others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For youth nominating teacher/youth leader: How has this person inspired you to continue serving others? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I, \_\_\_\_\_, hereby give Hillsides permission to use the information above for publicity, media and in electronic media without limitation or reservation. In addition, I permit Hillsides to use my name in its public relations efforts.
  
- I do not want Hillsides to use any of the information above with the exception of determining awards selection.

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

Name Printed: \_\_\_\_\_

If Minor, Guardian/Parent Name Printed: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Address of Nominee or Contact: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**THANK YOU FOR TAKING TIME TO RECOGNIZE  
OUTSTANDING YOUTH IN YOUR COMMUNITY!**