**DC CHILDREN’S TRUST FUND**

**Organization Referral of Parent Leader Form**

This form is to be filled out by Agency Staff or a referring local organization providing child abuse prevention services to nominate or serve as a reference for a parent leader

All submissions for the Parent Leadership Award must be submitted by **January 31, 2023.** This form is provided for your convenience. Completed forms should be emailed to ksokoya@gmail.com. If you have questions, please contact Kinaya Sokoya at 443-852-5767.

1. **Information about Referring Organization:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization: | |  | |
| Organization’s Contact Person and Title: | |  | |
| Address: |  | | |
|  | City: Washington | State: DC | Zip: |
| Phone Number(s): | |  | |
| Email: | |  | |
| Are you a:  CBCAP Grantee (circle one) YES NO | | Are you a:  Local Prevention Program (circle one) YES NO | |

1. **Parent Leader Information:**

|  |  |  |
| --- | --- | --- |
| Name of Parent: | |  |
| Address: | Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Washington\_\_\_\_\_\_\_\_\_\_\_ DC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip | |
| Phone Number(s): | |  |
| Email: | |  |

1. **How do you know this parent?**

1. **Why do you think he or she should be recognized as a parent leader?**

**Parent Leadership Nomination Form**

**February 2023**

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1. **Has this parent served in a leadership capacity in your organization or in the District? What roles have they held? How have they served as a change agent for prevention?**

1. **What types of community, faith, school or other organizational activities has the parent been involved in?**
2. **Have you ever observed this parent speaking to large groups, serving as a co-trainer or working with the media? If yes, please describe.**
3. **Is there anything more you would like to tell us?**