

# Texas Council of Child Welfare Boards



Texas Council Child Welfare Boards  
Awards Committee  
P. O. Box 42363, Austin, TX 78704  
Email address: awards@tccwb.org

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Dear Regional Council Chairs:

Attached are the TCCWB Nominations Forms. Please retain a copy for your records and make copies to distribute to all county child welfare/CPS boards in your region as soon as possible. The forms will also be made available for download via our website.

We have added an approval line for signature of the chair and identification of the county board making the nomination. This is an effort to improve the communication process through the local boards and regional councils prior to final selection and notification of honorees for recognition by TCCWB at our Awards Luncheon this fall in Austin.

There is space on the bottom of each form for you to add your name, address, by the Regional due date of May 1, 2018.

After your regional awards committee has narrowed local nominations to one per category, please mail or email your packet of regional finalists (postmarked no later than June 1, 2018) to the TCCWB Awards Committee at the above address. Feel free to contact us via email with questions or comments.

**This year the male and female youth winners will not only be honored at our Awards Luncheon, but will also receive a monetary award at that time.**

So, remember, this is a statewide competition and you are the advocate for your nominee. We ask that narratives be informative, concise, and competitive. To nominate a youth, we require the ages and sex of the foster children nominees, along with their birthdays, major accomplishments, and they must be a graduating senior in high school or in college or trade school and still residing in foster care.

For foster parent nominees, we need to know how long they have been foster parents, how many children they have fostered and if they have fostered any special needs children.

We require a picture of each nominee attached to the form that will be used in our Awards program.

Also, the narrative is limited to **two (2) typewritten pages**. It is suggested that the narratives be typed in no smaller than 12-point lettering with one-inch margins.

Only **one (1) picture** per nominee, please.

The TCCWB Executive Committee will review all nominations submitted from all the regions and will make the final selection for State Awards in each category. Again, please be sure to include complete and updated contact information so that we may easily notify the winners.

**As always, we would appreciate each County Child Welfare Board and Regional Council donating to the TCCWB to help defray the expenses of the upcoming awards ceremony and youth financial awards. Your donations make this statewide recognition possible . Please make checks payable to TCCWB, and designate 2018 Awards Event.**

Thank you.  
TCCWB Awards Committee

Texas Council of Child Welfare Boards  
2017 – 2018 Award  
for  
**MALE OUTSTANDING YOUTH OF THE YEAR**  
**Nomination Form**

This award is to recognize a graduating male youth in foster care or a youth in college/trade school still in foster care for his leadership or exemplary achievement. This award covers activities between June 2017 and May 2018. The winner will be honored at our Awards Luncheon in Austin, TX and a financial award is involved. Must be a senior in high school or in college.

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Nominee's Name: \_\_\_\_\_ Foster Parent: \_\_\_\_\_

Caseworkers Name: \_\_\_\_\_ County: \_\_\_\_\_ Region: \_\_\_\_\_

Caseworker's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Caseworker's E Mail Address: \_\_\_\_\_

Nominees's Telephone Number: \_\_\_\_\_ *\*We must be able to contact the winner*

Nominee's E Mail Address: \_\_\_\_\_

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Narrative: Youth **MUST** be in the Foster Care System. Attach information, not to exceed two (2) pages. Please include age, sex, birthday, and accomplishments. One picture must be attached.

Submitted by: \_\_\_\_\_ Region \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Approved by: \_\_\_\_\_  
(County Board Chair's signature) (Name of County Board)

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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**Deadlines:**

1. Nomination forms must be submitted to your Regional Council by May 1, 2018
  2. Regional Councils may only submit one (1) nomination from each category to TCCWB Awards Committee at the address below. Submissions **must** be postmarked by **June 1, 2018** to be eligible.
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DUE TO REGIONAL COUNCIL BY: May 1, 2018

For additional information, please contact:  
**Awards Committee**  
**PO Box 42363 Austin, TX 78704**  
**Email: [awards@tccwb.org](mailto:awards@tccwb.org)**

Texas Council of Child Welfare Boards  
2017 – 2018 Award  
for  
**FEMALE OUTSTANDING YOUTH OF THE YEAR**  
**Nomination Form**

This award is to recognize a graduating female youth in foster care or a youth in college/trade school still in foster care for his leadership or exemplary achievement. This award covers activities between June 2017 and May 2018. The winner will be honored at our Awards Luncheon in Austin, TX and a financial award is involved. Must be a senior in high school or in college.

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Nominee's Name: \_\_\_\_\_ Foster Parent: \_\_\_\_\_

Caseworkers Name: \_\_\_\_\_ County: \_\_\_\_\_ Region: \_\_\_\_\_

Caseworker's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Caseworker's E Mail Address: \_\_\_\_\_

Nominees's Telephone Number: \_\_\_\_\_ *\*We must be able to contact the winner*

Nominee's E Mail Address: \_\_\_\_\_

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Narrative: Youth **MUST** be in the Foster Care System. Attach information, not to exceed two (2) pages. Please include age, sex, birthday, and accomplishments. One picture must be attached.

Submitted by: \_\_\_\_\_ Region \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Approved by: \_\_\_\_\_  
(County Board Chair's signature) (Name of County Board)

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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Texas Council of Child Welfare Boards  
2017 – 2018 Award  
for  
**FOSTER PARENT OF THE YEAR**  
**Nomination Form**

This award is to recognize foster parents who have been outstanding in supporting CPS children. This award covers services between March 2017 and May 2018.

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Nominee's Name: \_\_\_\_\_ Re gion: \_\_\_\_\_

Nominee's Mailing Address: \_\_\_\_\_

Nominee's E Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Caseworker's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Caseworker's E Mail Address: \_\_\_\_\_

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Narrative: Please tell us why this nominee is an outstanding foster parent(s) for our CPS children. Attach information including one photo, not to exceed two (2) pages.

Submitted by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Approved by: \_\_\_\_\_  
(County Board Chair's signature) (Name of County Board)

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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Texas Council of Child Welfare Boards  
2017 – 2018 Award  
for  
**Outstanding CPS Leader**  
**Nomination Form**

This award is to recognize an employee, program director, supervisor, caseworker, investigator, aide, or child assistant at any level in CPS who has been innovative or outstanding in supporting and promoting CPS programs. Special consideration is given to persons who worked directly with CPS volunteers between June 2017 and May 2018.

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Nominee's Name: \_\_\_\_\_ Region: \_\_\_\_\_

Nominee's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nominee's E Mail Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's E Mail Address: \_\_\_\_\_

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Narrative: Please tell us how this nominee has contributed to the success of volunteerism and community support for services of CPS. List projects initiated or supported by nominee, innovations nominee has made to CPS volunteer program, and/or special volunteer emphasis which makes nominee deserving of recognition. Attach information including one photo, not to exceed two (2) pages.

Submitted by: \_\_\_\_\_ Region \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Approved by: \_\_\_\_\_  
(County Board Chair's signature) (Name of County Board)

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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Texas Council of Child Welfare Boards  
2017 – 2018 Award  
for  
**Outstanding Community Resource  
Nomination Form**

This award is to recognize anyone/business/judge/media etc., who has been outstanding in supporting and promoting volunteerism to CPS programs. This person/business/media etc., should have worked directly with CPS volunteers between June 2017 and May 2018.

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Nominee's Name: \_\_\_\_\_ Region: \_\_\_\_\_

Nominee's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nominee's E Mail Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's E Mail Address: \_\_\_\_\_

---

Narrative: Please tell us how this nominee has contributed to the success of volunteerism and community support for services of CPS. List projects initiated or supported by nominee, innovations nominee has made to CPS volunteer program, and/or special volunteer emphasis which makes nominee deserving of recognition. Attach information including one photo, not to exceed two (2) pages.

Submitted by: \_\_\_\_\_ Re gion \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Approved by: \_\_\_\_\_  
(County Board Chair's signature) (Name of County Board)

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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Texas Council of Child Welfare Boards  
**2017 – 2018 Award**  
for  
**VOLUNTEER OF THE YEAR**  
**Nomination Form**

This award is to recognize a member of a country or regional child welfare/CPS board. This award covers volunteer service between June 2017 and May 2018.

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Nominee's Name: \_\_\_\_\_ Region: \_\_\_\_\_

Nominee's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nominee's E Mail Address: \_\_\_\_\_

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Narrative: See requirements attached to this sheet. Attach information including one photo, not to exceed two (2) pages.

Submitted by: \_\_\_\_\_ Re gion \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Approved by: \_\_\_\_\_  
(County Board Chair's signature) (Name of County Board)

Mailing Address: \_\_\_\_\_

E Mail Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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## TEXAS COUNCIL OF CHILD WELFARE BOARDS 2017-2018 Rules for Child Welfare Volunteer of the Year

### ELIGIBILITY:

Each nominee must be an active member (or has become inactive within the past 12 months) of a Texas County Child Welfare Board (CWB), a regional CWB delegate, or TCCWB delegate.

### CRITERIA FOR NOMINATION:

1. Only volunteer activities on behalf of abused or neglected children in Texas will be considered.
2. The TCCWB will recognize one (1) volunteer from all the regions.
3. Nominees should have been prominent in supporting and promoting CPS programs.
4. The award covers activities between June 2017 and May 2018.
5. Previous nominees may be re-nominated.

### SUBMITTAL:

1. A statement clearly describing the service and activities of the nominee must be included on this form or in attachments. Attachments may not exceed two (2) typewritten pages. One photo is required and just one, please.
2. Any materials submitted to the TCCWB will become the property of TCCWB and should be unrestricted for reproduction by the TCCWB.

### JUDGING:

The TCCWB suggest that a Regional Council Steering Committee made up of Regional Council members (and PRS staff, where appropriate), be appointed to review the nominations and to select one (1) winner for the region. A nomination submitted to TCCWB by Regional officials will be final.

### DEADLINE:

The Regional Council deadline is **May 1<sup>st</sup>**.

The deadline for submission of nominations is due to TCCWB Awards Committee by **June 1, 2018**.

**REMEMBER ONLY ONE VOLUNTEER AWARD SUBMISSION FROM EACH REGIONAL COUNCIL WILL BE ACCEPTED.**