

## The Myrna Miller Wellons Advocacy Award

Nominees for the Award must be a North Carolina resident.

Nominees must be in good standing with the NASW Code of Ethics.

Name of Nominee: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer (if applicable) and brief description of job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee's Involvement in Advocacy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Nominator: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

PLEASE ATTACH:

1. History of employment and/or volunteer experience (with dates) **OR** resume. (Either is acceptable.)
2. Discuss how the nominee has advocated for policy impacting the social work profession and the clients served by social workers. Specific examples are required.
3. Discuss the nominee's involvement in professional, civic and community organizations. Give specific examples.

Return Completed Packet to [advocacy.naswnc@socialworkers.org](mailto:advocacy.naswnc@socialworkers.org)