Employer of the Quarter

Nominee Information:

Name of Employer: _____

Contact Person: _____ Phone: _____

_____

Address City Zip Code

Nominator Information:

Name of Nominator: _____

Relationship to Nominee: _____ Phone: _____

_____

Address City Zip Code

Please give a detailed description of the employer's comprehensive commitment to employing people with mental illness:

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One employer will be selected for each quarter in 2009 **Please submit your nominations by 5:00 pm on the last businesses day of the quarter** (March 31, June 30, September 30, and December 31).

Nominations and any questions you may have should be directed to Melanie Green

By Email: melanie.green@clark.wa.gov
By Fax: (360) 397-6028
By Mail: c/o Clark County Regional Support Network
PO Box 5000
Vancouver, WA 98666