



20th Annual Krista Sepp Memorial Awards

*Celebration Luncheon to be held Friday, April 29, 2011
at the Richmond Hill Country Club*

Horizon Award & Mentoring Award

INTRODUCTION

The Krista Sepp Memorial Award was established in 1991 in memory of Krista Sepp, who lost her life on February 3, 1989 while performing her duties as a child and youth counsellor. As a young child and later as a youth counsellor, Krista was determined to make a difference in a high risk and often undervalued industry. In her work, Krista consistently demonstrated empathy, enthusiasm, idealism, a thirst for knowledge, and a keenness to apply theory to practice.

Throughout Ontario, child and youth counsellors/workers play a vital role in the delivery of many programs that help young people and their families deal with complex problems. This Award was established to honour the qualities Krista brought to the field, to recognize the important contributions of child and youth counsellors/workers (CYCs/CYW) and to raise awareness of children's mental health issues. The Award is presented to a CYC/CYW who demonstrates exemplary contribution to the field of practice and who exemplifies the kind of professional that Krista would have become.



Krista Sepp

The Krista Sepp Award provides a forum for annual recognition of the high quality work and dedication of front-line CYCs/CYWs across the province and continues to promote awareness of children's mental health issues and a commitment to service excellence.

HORIZON AWARD

Recognizes the work of direct service staff with no more than five years of experience working in the CYC/CYW field.

MENTORING AWARD

Honours the ongoing contributions of direct services staff with more than five years of experience in the CYC/CYW field.

NOMINATION PROCEDURES

The Nominator must complete a *Nomination Form* and submit a detailed *Narrative* demonstrating achievements in the specified areas. Narratives must not exceed three (3) pages in length.

Nomination Form

ELIGIBILITY

To be considered for a Krista Sepp Memorial Award, nominees must work directly with children and youth and must be a member of the Ontario Association of Child and Youth Counsellors or possess a CYC/CYW diploma or degree. Only those nominees meeting these requirements will be considered.

This nominee is eligible for the (please check one):

HORIZON AWARD

To recognize the work of direct service staff who have been in the CYC/CYW field for no more than 5 years

MENTORING AWARD

To honour the ongoing contributions of direct service staff who have been in the field for 5 years and longer

Nominee's Name: _____

Position: _____

Agency: _____

Agency Address: _____

City: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Email: _____

Agency CEO/ED: _____

Number years in CYC/CYW field: _____

CYC/CYW Program: _____ Year Graduated: _____

Member of the OACYC (circle one): Yes No

Nominee's Home Address: _____

City: _____ Postal Code: _____

Agency Nominator:

Name: _____

Position: _____

Telephone: () _____ Fax: _____

Email: _____

Nominee Consent:

I consent to having information regarding my nomination included in information that may be sent or posted to: Members of Federal and Provincial Parliament including the Premier of Ontario, Leaders of the Opposition; Member of Municipal Government; the Media; Krista Sepp Award Partners; www.kinark.on.ca, www.speakingofkidsmentalhealth.ca; Professional Associations; Social Service Agencies and/or Community Colleges/Universities.

Signature

Date

1. **ROLE** - Please provide a brief description of the role the nominee has at the agency:

2. **NARRATIVE** - Please attach a narrative – not more than 3 pages in length - outlining specific examples of where the nominee demonstrated the following qualities:

- Enthusiasm**, in the workplace with peers and clients
- Empathy**, toward co-workers, clients and community
- Creativity**, in providing service to children and youth
- Initiative**, in striving to make a difference for children and youth

NOTE - If you are nominating an individual for the *MENTORING AWARD* please include in your narrative a description and examples of how the nominee has demonstrated a leadership role in their respective agency/organization, and in particular as a mentor to colleagues.

3. **REFERENCES** - Please provide the names and contact information of two professional references. References may be contacted to help determine the Selection Committee during the review process.

Reference #1:

Name: _____

Position/Agency: _____

Telephone: () _____ Fax: _____

Email: _____

Reference #2:

Name: _____

Position/Agency: _____

Telephone: () _____ Fax: _____

Email: _____

**Please submit all required materials no later than 5 PM on Monday, April 4, 2011.
Only complete packages will be considered.**

Send completed packages by mail, fax or e-mail to:

Krista Sepp Memorial Award Selection Committee

c/o Kinark Child and Family Services

500 Hood Road, Suite 200

Markham, ON L3R 9Z3

Tel: 905-474-9595 x349

Fax: 905-474-1448

E-Mail: darryl.mathers@kinark.on.ca