



***2019 Idelio Valdes  
Leadership and Advocacy Award***

**Nomination Form**

**(Please complete both pages of this Nomination Form)**

Nominee Name:

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

Person Nominating:

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

*Contact Information:*

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

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

*Contact Information:*

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

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

Daytime Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

***Please limit your responses to a maximum of five pages, including the Nomination Form. For additional information or to submit form contact [margaretd@fddc.org](mailto:margaretd@fddc.org).***

Margaret J. Hooper  
Florida Developmental Disabilities Council  
124 Marriott Drive \* Suite 203 \* Tallahassee, FL, 32301  
**Fax:** 850-922-6702

***Please be as specific as possible when answering the following questions. Please limit your responses to actions that occurred during the past two years.***

List any self-advocacy group(s) of which the Nominee is currently a member. List any offices the Nominee holds with the group(s).

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List all instances, within the past two years, where the Nominee has acted as an advocate for himself/herself and others. List the positive results of these activities.

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List all instances, within the past two years, where the Nominee has been involved in community activities and encouraged others to become involved. List the positive results of these activities, including any community partnerships developed.

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Please add additional information you feel is unique about the Nominee and their enthusiasm in keeping with the spirit of Idelio Valdes.

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