



Ohio Association of
Community Action Agencies

Community Action Professional Highlight Submission

Name of Nominator/Contact Person: _____

Title: _____

Email: _____ Phone Number: _____

Name of Community Action Professional: _____

Agency: _____

Title: _____ Time with Community Action: _____

Bio: (Include relevant biographical information, including tenure with the agency and/or Community Action, interesting facts, news about the individual, etc. Include a photograph with the submission.)

Quote from nominator:

Executive Director Signature/Date

Professionals highlighted in the newsletter and on social media are chosen completely at random. All submissions may not be selected. Member agencies may submit multiple staff people each month. Submissions not chosen may be selected for future spotlights. **Send submissions to kathryn@oacaa.org before the 20th of each month.**