

NATIONAL APOSTOLATE FOR INCLUSION MINISTRY
Member Recognition Award

NOMINATION STATEMENT

Date:

1. Nominator:

Name:
Organization:
Street:
City, State, Zip
Phone Number:
Email (optional):

2. nominates ___NAFIM Member___my family member___NAFIM organization/parish/diocese Member___Volunteer/employee who/which has demonstrated noteworthy actions in furthering the mission and purposes of NAFIM:

Name:
Organization:
Street:
City, State, Zip:
Phone Number (optional):

3. for carrying out the following mission/purpose of NAFIM

___Mission: Called together by our baptism as persons with and without Mental Retardation and proclaiming and witnessing to the Good News that all persons are created in God's image and likeness as proclaimed by the teachings of the Catholic Church, we the members of the National Apostolate for Inclusion Ministry promote the full inclusion of persons with Mental Retardation and welcome their gifts into the Body of Christ.

___Preamble Issues: A person with mental retardation who has contributed to the Church by personal witness or positive attitudes stimulated in others

___Purpose 1: Promoted the full inclusion of persons with mental retardation within the life of the Church

___Purpose 2: Enhanced the growth of persons with mental retardation and the entire Church through the prophetic role of a person or persons with mental retardation

___Purpose 3: Took steps in either the Church or the community at large, on a national or local level, to bring before the public the spiritual, interpersonal and communal gifts of a person or a persons with mental retardation

___Purpose 4: Fostered quality evangelization, catechesis, sacramental preparation and participation, and ongoing spiritual development of a person or persons with mental retardation

___Purpose 5: Provided welcome and justice for a person or persons with mental retardation either in the Church or in the community at large on a national or local level

___Purpose 6: Provided pastoral care for a person or persons with mental retardation, their families or caregivers within the local faith community

___Purpose 7: Provided a forum for those involved in direct ministry with persons with mental retardation

4. by accomplishing the following words or deeds in the past year: (50 words or less):

5: and enclose a photo (ministry action photo preferred) with the year and the name of the nominee on the back

Submit to:

Annual Member Recognition Reward
National Apostolate of Inclusion Ministry
PO Box 218
Riverdale MD 20738-0218

Postmarked on or before February 18