



Maryland Crime Victims' Resource Center, Inc.

**OLIVER SMITH JR. AWARD  
NOMINATION FORM**

---

Name of Award Nominee

---

Place of Employment/Occupation

---

Address

---

City

State

Zip Code

---

Email Address

---

Telephone

(w)

(c)

---

Name of Person/Group Nominating

---

Place of Employment/Occupation

---

Address

---

City

State

Zip Code

---

Email Address

---

Telephone

(w)

(c)

---

Contact Person (s)

Ensure your packet consists of:

- Nomination Form
- Summary (not to exceed 1 page)

**RETURN TO:**

**Maryland Crime Victims' Resource Center, Inc.  
Sandra Sanna-Buckles  
ssannabuckles@mdcrimevictims.org, 240-335-4037**