



Center for Independent Living of Northwest Florida, Inc.

Nominations Form

Joe Oldmixon Award for Outstanding Service for People with Disabilities

Purpose of Award: To recognize people in the community who are leaders and advocates for people with disabilities. This award is presented annually to an individual who possesses a thorough knowledge of the needs and concerns of people with disabilities. Through **political, business and community action, this individual actively seeks systems change** (changes that affect a large number of people) **to enhance the quality of life for people with disabilities.**

History of Award: Joe Oldmixon, former Escambia County supervisor of Elections for 41 years (1953-1994), was a man with a disability who stood for the virtues of truth, honesty, family and God. He devoted his life in service to our community. He never turned his head, even when the challenges of his condition progressed. His courage and endurance prevailed and in the fire of adversity, character was forged. With true sincerity and kindness of spirit, Joe Oldmixon modeled honesty, compassion and service to his fellow man.

Past Joe Oldmixon Service Award Recipients

Representative Buzz Ritchie	1996	Sue Straughn	2007
Commissioner Mike Bass	1997	Honorable R. Fred Lewis	2008
Honorable Kathleen O'Dell	1998	Quint and Rishy Studer	2009
Pete Singletary	1999	Honorable Terry D. Terrell	2010
Deborah Kern	2000	Dr. Sherry White	2010
Judith Merritt	2001	Sheila Sims	2011
Representative Jerry Maygarden	2002	Susan Byram	2013
John Ed McGraw	2002	Rich Gilmartin	2014
Denis McKinnon, Sr.	2003	Barbara Mayall	2015
Warren Jernigan	2004	Sherri Myers	2016
Donna Fassett	2005	Grover C. Robinson, IV	2017
Ross Goodman, Esquire	2006	Dr. Vanee Cao Nguyen	2018

Name of Nominee: _____

Title or Affiliation: _____

Address: _____

Please describe the nominee's community involvement and/or activities to seek system change in an effort to improve the quality of life for all people with disabilities (attach additional sheets if necessary):

Your Name: _____

Address: _____

Phone No: _____

RETURN FORM BY FRIDAY, JUNE 14, 2019

Please be advised the information you submit will be shared with members of the community both before, during and after the event.