

Community Champion Award



Introduction

The Partnership recognizes the value of collaboration - the “get it done together” approach which is used with success in all eleven of our *Core Health Improvement Areas*. Each of those areas is guided by a *Leadership Team* composed of well informed, passionate, articulate experts in that Core Area. Leadership Teams establish and guide Action Teams to implement strategies designed to move our community’s health indicators toward *Core Health Improvement* targets. We applaud the many group efforts which grow out of our collaborative spirit which is a hallmark of our community.

And yet, success often is accomplished because one individual was willing to seize the moment; was exceptionally good, within or even beyond our structures; was an advocate, a frontrunner, a winner; was the person who made the difference. Our community is rich in these uniquely willing and able individuals who can only be described as **Champions**.

We seek to honor those individuals who have worked in an outstanding manner, with leadership, vision, and decisive action, to strengthen our community’s health. Achievements deserving recognition can include development or coordination of a project that has positively impacted health and quality of life in our community.

Nomination Directions

Please read the entire nomination form carefully and fill out all areas completely. The nomination can be submitted by a primary nominator. It is highly recommended that two additional nominators support the nomination as well. The nominators’ relationship to the nominee can be co-worker, friend, family, or team member. Nominators may choose to remain anonymous. Additional supporting comments and materials will be accepted.

Nominations must be received by March 15 to be considered for an award to be presented at this year’s *We’re On Our Way* community forum.

I. Please provide the following information ABOUT THE NOMINEE:

Name: _____

Nominee’s agency / organizational affiliation: _____

Address: _____

Phone number(s): _____

Email address: _____

II. The award seeks to recognize an individual based on the following CHAMPION DESCRIPTION. Please check all that you believe apply:

- Commitment**.....Is recognized by contributions to the community
- Health**.....Accomplishments focus on a Core Health Improvement Area
- Advocacy**.....Encourages improvements in quality of life for all
- Motivator**.....Demonstrates ability to inspire and guide others in a cohesive effort
- Partners**.....Recruits the right number of the right people
- Innovation**.....Displays originality in strategies – an out-of-the-box thinker
- Outcomes**.....Achieves results in movement of indicators
- Noteworthy**.....Rallies efforts on behalf of our community.

III. Please provide at least one paragraph about each CHAMPION DESCRIPTOR you selected:

Commitment: Describe the contributions that have been made to the community.

Health: What Core Health Improvement Area(s) does the work of this individual impact? (For a full listing of the 11 Areas please visit www.HealthyCarroll.org.)

Advocacy: Depict an example of this nominee acting as an advocate for improvement in health or quality of life.

Motivator: Relate an example of this nominee's ability to inspire and guide others in a cohesive effort.

Partners: How has this nominee been successful in recruitment and bringing the right people to the initiative?

Innovation: Describe an example of this nominee's innovative idea(s) and originality in strategies

Outcomes: What results were noted from their work?

Noteworthy: Illustrate how their actions have rallied efforts on behalf of our community.

IV. Please complete this section about the PRIMARY NOMINATOR.

Nominator's name: _____

Phone number(s): _____

Organization affiliation _____

Email address: _____

Relationship to the nominee: _____ I wish to remain anonymous: ____yes ____no

Signature: _____

V. Two supporting nominations are preferred.

First supporting nominator's name: _____

Phone number(s): _____

Organization affiliation _____

Email address: _____

Relationship to the nominee: _____ I wish to remain anonymous: ____yes ____no

Signature: _____

Second supporting nominator's name: _____

Phone number(s): _____

Organization affiliation _____

Email address: _____

Relationship to the nominee: _____ I wish to remain anonymous: ____yes ____no

Signature: _____

VI. Please attach any supporting documentation or comments on a separate sheet.

THANK YOU for taking the time to nominate a community partner for this award.

Please FAX the completed nomination form and supporting materials to The Partnership at **410-871-6325**, or MAIL to the address below. You will receive a confirmation letter when the application is received.

For more information, or for an electronic version of this application, please visit our web site at www.HealthyCarroll.org.

You may also contact Dorothy Fox at 410-871-6373 or DLFox@CarrollHospitalCenter.org for additional information.

Community Champion Award
The Partnership for a Healthier Carroll County, Inc.
535 Old Westminster Pike, Suite 102
Westminster, MD 21157

TO BE COMPLETED BY PARTNERSHIP STAFF

Date received: _____

By: _____

Meets eligibility criteria: _____

Entered in database: _____