

# The Karen Feroli Community Champion Award



## I. Introduction

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

And yet, success is often accomplished because one individual is willing to seize the moment; is outstanding within or beyond our structures; is the one person who makes the difference. Our community is rich in these uniquely willing and able individuals, who we know as Champions.

The late Karen Kappes Feroli, R.N., was one such Champion. She gave selflessly in her personal and professional activities, serving as mentor and model to those working to improve health and quality of life this community. The Karen Feroli Community Champion Award was established to honor and perpetuate the spirit of caring that was her hallmark.

With this Award we recognize outstanding individuals who have worked with leadership, vision, and decisive action to strengthen our community’s health. Achievements deserving recognition include the development or coordination of a project or program that has positively impacted health and quality of life in our area.

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## Nomination Directions

Please read the entire nomination form carefully and fill out all areas completely. The application is to be completed and submitted by a primary nominator. It is highly recommended that two additional supporting nominators sign the nomination. The nominators’ relationship to the nominee can be co-worker, friend, family or team member. Nominators may choose to remain anonymous. Attach pages or use the back if more space is needed. Additional supporting comments and materials are welcomed.

**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.

## II. Please provide following information ABOUT THE NOMINEE.

Name: \_\_\_\_\_

Nominee’s agency / Organizational affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

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### III. This award seeks to recognize an individual based on the following CHAMPION DESCRIPTIONS. 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 an ability to inspire and guide individuals 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.

### IV. Please provide at least one paragraph for each CHAMPION DESCRIPTION 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 list of all the Areas, please visit [www.HealthyCarroll.org](http://www.HealthyCarroll.org))

**Advocacy** – give an example of this nominee acting as an advocate for improved quality of life:

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**Motivator** – relate an example of the nominee’s ability to inspire and guide individuals in a cohesive effort:

**Partners** - how has this nominee been successful in recruiting and bringing the right people to the movement?:

**Innovation** – describe the nominee’s innovative idea(s) and originality in strategies:

**Outcomes** – what results were achieved through their work?:

**Noteworthy** – describe how the nominee’s actions rallied efforts on behalf of our community:

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## V. Please complete this section about the PRIMARY NOMINATOR.

Nominator's name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Organizational affiliation: \_\_\_\_\_

Relationship to the nominee: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to remain anonymous:     yes     no

## Two supporting nominators are preferred.

First supporting nominator's name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Organizational affiliation: \_\_\_\_\_

Relationship to the nominee: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to remain anonymous:     yes     no

Second supporting nominator's name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Organizational affiliation: \_\_\_\_\_

Relationship to the nominee: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to remain anonymous:     yes     no

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

**VII. 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:

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

You will receive a confirmation message 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](http://www.HealthyCarroll.org).

You may also contact Dorothy Fox at 410-871-6373 or [DLFox@CarrollHospitalCenter.org](mailto:DLFox@CarrollHospitalCenter.org) for additional information.

TO BE COMPLETED BY PARTNERSHIP STAFF

Date received: \_\_\_\_\_

By: \_\_\_\_\_

Meets eligibility criteria: \_\_\_\_\_

Entered in database: \_\_\_\_\_