



DOUGLAS COUNTY HEALTH CHAMPION NOMINATION FORM

submit nominations by March 1st, 2024

Winners shall be recognized at the community luncheon during National Public Health Week (the first week of April)

Purpose: To recognize a Douglas County resident who puts forth an exceptional effort to model, encourage and promote health in the community.

Please complete the following and submit to:

Lawrence-Douglas County Health Board c/o "Health Champion"
 200 Maine St., Suite B, Lawrence, KS 66044
 Or email info@ldchealth.org with "Health Champion" in subject line.

Nominee: _____

Nominee's phone number: _____

Nominee's email address: _____

In what capacity does the individual perform this work? Paid Volunteer

Type of Nomination: Youth (ages 18 or younger) Adult (ages 19 and older)

Person submitting nomination: _____

Nominator's phone number: _____

Nominator's email address: _____

How did you hear about the Award? _____

Briefly describe how the nominee has modeled, encouraged and promoted health in Douglas County. Following are questions to consider when writing the narrative:

- How does the work of this individual go above and beyond what is expected through normal job or organizational responsibilities?
- How is this individual making a difference in the community?
- How do you expect the nominee's activities to continue?