

2018 Vitality Awards Candidate Nomination Form



Your Information

Your Name: _____

Your Email: _____

Your Phone #: _____

I wish for my nomination to remain anonymous

Yes No

Nominee's Information

In this section, please provide information about the individual nominee or the business you are nominating.

Name of Person or Business You are Nominating: _____

Nominee's Email or Email of Business Contact (marketing person preferred): _____

Nominee's Phone # or Business' Phone #: _____

Questionnaire

In this section, please tell us a bit about your nominee and why you nominated them for a Vitality Award.

How does this nominee demonstrate a commitment and/or passion to health, wellness or prevention?

What program is your nominee involved with and how has their involvement delivered a proven impact in the community?

How does this nominee demonstrate creativity and innovation in creating a more vital community?

How long has this nominee been involved in their professional or volunteer position? If a business, how long have healthy initiatives been in practice?

How do you know the nominee?

How did you hear about the Vitality Awards?

Email Word of Mouth Social Media Radio Other

Add Me to Your Mailing List

Street Address: _____

City: _____ State: _____ Zip Code: _____