

**Vision:  
Ventura County  
leads the way to a  
Healthy California**



## **Health Champion Award Nomination Form**

**Nominated Organization/Program:** \_\_\_\_\_

**Short narrative:**

**Note:** Please include a brief description of why you have nominated the organization/program to be considered as a recipient of the Health Champion Award.

**Partnership for a Healthy Ventura County committee member who nominated the organization/program:**

- Committee Name: \_\_\_\_\_
- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

**Selection criteria:**

- Model program or organization that reflects the vision and mission of the Partnership for a Healthy Ventura County.
- Representative of your subcommittee's work or effort.

**Mission:  
To promote community activities,  
policies, systems and environmental  
changes that foster healthy eating  
and regular physical activity to  
counter obesity and its related  
chronic disease**