

**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 organization/program:

- Committee Name: _____
- Name: _____
- Phone: _____
- Email: _____

Selection Criteria:

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

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