



**ANNUAL MACHW Meeting  
September 16, 2010**

**“Community Health Worker Call to Action: Mobilizing Communities,  
Shaping Policies & Promoting Healthy Communities”**

**CHW LEADERSHIP AWARD**

**Selection Criteria for Nomination**

Please print neatly or type the information requested below about the CHW or CHW Team you have selected. You may nominate one individual and/or team. Nominee(s) must work as paid employee(s) for at least 20 hours a week. CHWs may receive CHW leadership award either as an individual or as a team member, but only once per category in a lifetime. Nominee(s) must have consistently demonstrated:

- Innovative outreach strategies
- Dedication
- Resourcefulness
- Commitment to influencing policy
- Advocacy on behalf of clients and communities
- Ability to navigate clients through the health & social services systems
- Enhance culture of agency
- Advocacy on behalf of CHW workforce

Candidate or Team Name \_\_\_\_\_  
First and Last Name (for an individual)

Team Member Names \_\_\_\_\_  
First and Last Names (for all team members) (Use second page if necessary)

Organization \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Job Title \_\_\_\_\_ CHW since (year) \_\_\_\_\_

**Brief Description** In one page or less please describe why you are nominating this person or team based on above criteria.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominator \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_  
Print First and Last Name

Title \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please email or fax to Peggy Hogarty, MACHW Board of Directors, at  
[phogarty@bphc.org](mailto:phogarty@bphc.org) or 617-534-5485

**NO LATER THAN August 25, 2010!**