



**ANNUAL MACHW Meeting  
September 16, 2010**

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

**CHW Supervisor AWARD**

**Selection Criteria for Nomination**

Please print neatly or type the information requested below about the CHW supervisor you have selected. Supervisor can only be nominated by CHWs they supervise. *Supervisor must supervise at least one CHW and may only receive one award per lifetime.* Nominee must have consistently demonstrated the ability to:

**Criteria for CHW Supervisor Award**

- Understand role and work of CHWs
- Promote teamwork, while supporting individuals’ well being
- Has a positive leadership style which empowers others
- Humanize the work environment and values CHWs as an asset to the organization and to the community
- Support CHW professional development

Candidate \_\_\_\_\_  
First and Last Name

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

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Supervised CHWs since (year) \_\_\_\_\_

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

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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!**