

# OUTSTANDING CHW AWARD Nomination Form



The Outstanding CHW Award is presented each year to one Community Health Worker in each CHW network region of Virginia at the annual conference. This award recognizes and honors the exemplary qualities and contributions of Community Health Workers.

One statewide winner will also be selected from these. Community Health Workers and/or Supervisors are asked to nominate Community Health Workers who they feel exemplify the qualities in the criteria listed below. Community Health Workers are also permitted to nominate themselves if they feel they demonstrate the listed criteria. This award is for CHWs only. Program supervisors, coordinators, administrators, etc. are not eligible.

**If you have nominated a CHW in past who did not receive an award, you are encouraged to nominate them again.** (Previous winners are not eligible for nomination.)

## Application Form

Please answer all questions and give specific examples when appropriate:

### NOMINEE INFORMATION

Name of Community Health Worker: \_\_\_\_\_

CHW Title and Program: \_\_\_\_\_

Number of Years with Program: \_\_\_\_\_

CHW Network Region: \_\_\_\_\_

Nominee's Mailing Address: \_\_\_\_\_

Nominee's Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Virginia CHWs have suggested this award be based on the following characteristics

1. Exemplifies positive relationships and a strong desire to help the community.
2. Uses creativity and resourcefulness in performing services
3. Demonstrates strong communication and interpersonal skills
4. Advocates for individual and community needs.

### Part 1

Please describe this CHW's job responsibilities (for example, services provided to clients, numbers and types of clients served, where clients receive services, and other job-related information).

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OUTSTANDING CHW AWARD Nomination Form continued

**Part 2**

Please describe why you believe this CHW deserves to be nominated for the Outstanding CHW Award

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**NOMINATOR INFORMATION**

Your Name: \_\_\_\_\_

Role in CHW Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**OPTIONAL (helpful but not necessary):** Do you know of another person (co-worker, supervisor, someone in another agency, etc.) who would be willing to be contacted and provide a reference for this CHW and the work he or she does “on the job”?

Their Name: \_\_\_\_\_

Their Job or Relationship with CHW: \_\_\_\_\_

Their Contact Information: \_\_\_\_\_

**Please complete this form and mail to:**

Virginia Center for Health Outreach  
MSC 9009, James Madison University  
Harrisonburg, VA 22807



**Note:** All Outstanding CHW Awards are based on merit. The nominees' years as CHWs or the number of nominations they receive do not automatically determine the winners. Recipients are selected on the basis of: positive relationships and a strong desire to help the community; creativity and resourcefulness in performing services; strong communication and interpersonal skills; and advocacy for individual and community needs. Members of the selection committee generally do not know the nominees so they rely on your information and the details you provide to help them make their decisions.