

# Linda Lee Martens Memorial Health Hero of Island County Award

## Nomination Form

**Nominee:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Category** (Circle one): **Adult**      **Youth** (Under 18 when action completed)      **Agency**

**Brief Summary of Nomination:**

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

[May encompass a broad range of volunteer activity either directly or indirectly impacting community health, including but not necessarily limited to: health care, environmental health, safety or quality of life. *Please attach specific narrative justification on a separate sheet -- no more than one page please.* The narrative should address as many of the following criteria as possible/applicable with as much supporting detail as possible.]

- Category of contribution(s) and relative importance
- Urgency of the problem(s) addressed
- Number of people affected
- Scope of project(s): (\$\$, people enlisted, time involved, etc.)
- Results: (actual or realistically expected insofar as being measurable)
- The degree to which these volunteer activities were above/beyond normal expectations of employment/service (if employed.) (Please detail this for all nominees, employed or not.)

**Nominated by:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

———— **Deadline for Submissions – February 28, 2009** ————

Please print out and return this form with the attached single page nomination narrative to:

Carrie McLachlan  
Island County Health Department,  
P.O. Box 5000  
Coupeville, WA 98239  
Phone: (360) 221-8486      Fax: (360) 679-7390

All information must be complete in order for the nomination to be considered.