

MOLINA HEALTHCARE'S

# COMMUNITY CHAMPIONS

## AWARDS

Molina Healthcare's Community Champions Awards program was created in 2006 to honor and bring together people whose leadership, volunteerism, and public advocacy embody the spirit of service and community.

Winners each receive a \$3,000 grant for the nonprofit organization of their choice and a trophy. At the awards event, we recognize these Community Champions and showcase the extraordinary work of the nominating agencies and grant recipients.

### HOW ARE PEOPLE NOMINATED?

Community-based organizations nominate volunteers or employees who work to improve the quality of life in their community.

### HOW ARE WINNERS SELECTED?

A panel of judges reviews nominees and selects winners based on the following criteria:

- Overall community contributions and involvement
- Achievements or qualities that show a nominee's commitment to serving those in need
- Specific results demonstrating the positive influence a nominee's activities have had on the community



[MolinaHealthcare.com](https://www.MolinaHealthcare.com)



Your Extended Family.

#MOLINACHAMPIONS

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# COMMUNITY CHAMPIONS NOMINATION FORM

## NOMINEE INFORMATION:

Name:		Title:	
Organization:	Work Phone:	E-mail:	
Work Address:	City:	State:	Zip:
Home Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	E-mail:	

## NOMINEE PROFILE:

Please use a separate sheet of paper to describe the nominee's community contributions, achievements and qualities (outside of his/her salaried job) that qualify him/her for consideration.

Please include specific examples in the following areas:

- What key contributions has the nominee provided to the community outside of his/her salaried job? Please be specific and include projects, events, donations, volunteer work, and any other service he/she provides to the community.
- What have been the results or influence of the nominee's activities? Please include quantitative (e.g. how many hours in total this individual volunteered, how many organizations they volunteer with, how many individuals benefited from their efforts) and qualitative results.
- What sets your nominee apart from other volunteers? (e.g. their positive attitude, they get their family and friends involved, etc.)
- Please include any other contributions by which this individual helps improve the quality of life in the community.
- If you could describe this individual in one word, what would it be?

## NOMINATING ORGANIZATION INFORMATION:

Name of Nominating Organization:			
Contact Name:	Relationship to Nominee:		
Organization Address:	City:	State:	Zip:
Work Phone:	Cell Phone:	E-mail:	

## ORGANIZATION PROFILE:

Please describe the nominating organization's mission and services (one paragraph). Please feel free to use additional paper.

Please return nomination forms by \_\_\_\_\_ to \_\_\_\_\_