

2011 Mental Health Champions Nomination Form

Categories

Persons may be nominated in one of three categories:

1. An individual with a diagnosed mental illness
2. An individual with a developmental disability
3. An individual in recovery from a substance or gambling addiction

Nomination Application

Nominees must agree to allow their stories to be told. Those who nominate eventual winners will be asked to appear in a video tribute to that individual, along with others who have witnessed or who may benefit from the winner's noted accomplishments.

Please type or print legibly.

Information on Nominee:

Name: _____

Organization (if any): _____

Category (required): _____ (*Choose 1, 2, or 3 from Category list above*)

Address, City, State and Zip: _____

E-mail address: _____

Telephone number where nominee may be reached: _____

Nomination submitted by:

Your Name: _____

Organization (if any): _____

Address, City, State and Zip: _____

Telephone number: _____

E-mail address: _____

Verification

Please provide two references to verify the scope and extent of the nominee's activities. References should be familiar with the nominee's achievements, but not a family member or relative of the nominee. The nominator does not count as a reference. Please provide the following information for both references:

Reference #1

Name: _____

Organization (if any): _____

Address, city state and zip: _____

Phone: _____

E-mail: _____

Reference #2

Name: _____

Organization (if any): _____

Address, city state and zip: _____


Phone: _____

E-mail: _____


 Nomination Narrative

Please include a sheet with this nomination application that describes how this nominee has demonstrated exemplary courage and commitment to overcoming the challenges of his or her mental illness, developmental disability, or addiction disorder and has made life better for him/herself and others in the community. Describe how the nominee's actions inspire others.


Please limit your narrative to 500 words.

 The nomination narrative should accompany the application form. Nomination forms and write-ups become the property of the Missouri Mental Health Foundation and the Department of Mental Health and will not be returned.

Be specific and concise. Please submit the narrative on typed, single-sided, 8-1/2 x 11 pages (plus the cover page). Please use white paper suitable for photocopying.

 Please do not send videos, scrapbooks, or binders. They will not be considered and cannot be returned.

 **All nominees must sign a release form granting the Missouri Mental Health Foundation and the Department of Mental Health unlimited permission to use, film and publish their likenesses as well as information about them.**

 Print and fill out the release form. Please fax it to (573) 635-6584 or mail it in to:

MMHF, 1739 East Elm Street, Suite 103, Jefferson City, MO 65101

2011 CHAMPIONS NOMINATION NARRATIVE (500 words)



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
 OFFICE OF PUBLIC AFFAIRS

PERMISSION TO USE PHOTOGRAPHS/VIDEO/COMMENTS

FILE NUMBER (PHOTOS ONLY)
DATE
PHONE
RELATIONSHIP
DAYTIME PHONE
DATE PHOTOGRAPHS/COMMENTS TAKEN

SUBJECT'S NAME
ADDRESS
PARENT OR GUARDIAN (IF APPLICABLE)
ADDRESS (IF DIFFERENT)
PHOTOGRAPHER/INTERVIEWER

PURPOSE OF PHOTOGRAPHS/VIDEO/COMMENTS

DESCRIPTION OF PHOTOGRAPHS/VIDEO/COMMENTS

DESCRIPTION OF SUBJECT (PHOTOS ONLY)

CONFIDENTIALITY RESTRICTIONS

NO RESTRICTIONS NOTE: _____

NO IDENTIFIABLE FEATURES _____

NO NAMES _____

FROM TIME TO TIME, PHOTOGRAPHS TAKEN FOR ONE PURPOSE ARE SUITABLE FOR OTHER USES. CAN THESE PHOTOGRAPHS BE USED FOR OTHER PURPOSES?

YES, FOR ANY REASONABLE USE FOR DMH USE ONLY

YES, WITH ADDITIONAL PERMISSION NO

I HEREBY GIVE MY PERMISSION TO USE THE PHOTOGRAPHS/VIDEO/COMMENTS DESCRIBED ABOVE TO BE USED IN THE WAYS INDICATED ABOVE.

_____ SUBJECT'S SIGNATURE _____ PARENT OR GUARDIAN'S SIGNATURE (IF NECESSARY)

DMH USE