

2010 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 substance abuse problem and has made life better for him/herself and others in the community. The nominee's actions should serve as an inspiration to 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 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 Department of Mental Health unlimited permission to use and publish their likenesses as well as information about them.

A release form is available on-line at

www.dmh.mo.gov/news/ReleaseForm.pdf

2010 CHAMPIONS NOMINATION NARRATIVE (begin typing here)



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
OFFICE OF PUBLIC AFFAIRS

PERMISSION TO USE PHOTOGRAPHS/VIDEO/COMMENTS

FILE NUMBER (PHOTOS ONLY)

SUBJECT'S NAME	DATE
ADDRESS	PHONE
PARENT OR GUARDIAN (IF APPLICABLE)	RELATIONSHIP
ADDRESS (IF DIFFERENT)	DAYTIME PHONE
PHOTOGRAPHER/INTERVIEWER	DATE PHOTOGRAPHS/COMMENTS TAKEN

PURPOSE OF PHOTOGRAPHS/VIDEO/COMMENTS

DESCRIPTION OF PHOTOGRAPHS/VIDEO/COMMENTS

DESCRIPTION OF SUBJECT (PHOTOS ONLY)

<p>CONFIDENTIALITY RESTRICTIONS</p> <p><input type="checkbox"/> NO RESTRICTIONS NOTE: _____</p> <p><input type="checkbox"/> NO IDENTIFIABLE FEATURES _____</p> <p><input type="checkbox"/> NO NAMES _____</p>	<p>FROM TIME TO TIME, PHOTOGRAPHS TAKEN FOR ONE PURPOSE ARE SUITABLE FOR OTHER USES. CAN THESE PHOTOGRAPHS BE USED FOR OTHER PURPOSES?</p> <p><input type="checkbox"/> YES, FOR ANY REASONABLE USE <input type="checkbox"/> FOR DMH USE ONLY</p> <p><input type="checkbox"/> YES, WITH ADDITIONAL PERMISSION <input type="checkbox"/> NO</p>
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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