

- Let's Celebrate -  
**National Rural Health Day**



*Thursday, November 19, 2015  
and Everyday*

**▶▶▶ Nominate an Arizona Rural Health Champion ◀◀◀**

*Celebrate National Rural Health Day by nominating an Arizona Rural Health Champion in your community.*

**Eligibility**

- An Arizona Rural Health Champion can be an individual, organization, coalition or program that has made a significant difference in their rural community by working to create a healthier community.

**Nomination Process**

- To nominate a Champion, fill out form on page 2.
- Provide a 500 word essay detailing how this person/program/organization/coalition made a significant difference in their rural community.
- You may also submit letters or other documents that support the nomination.

*The Arizona Center for Rural Health (AzCRH) will acknowledge Champions from each county but can only do so if you submit a nomination.*

**Acknowledgment**

The Champions will:

- Have their story highlighted on the AzCRH website\*
- Be acknowledged during monthly AzCRH webinars
- Receive a certificate from the AzCRH acknowledging this recognition.

\*Nominators will have the option of developing a brief story for the website with the support of the AzCRH staff. The stories can take the form of a traditional story with pictures, a digital story, photo voice, etc.



THE UNIVERSITY OF ARIZONA  
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH  
**Center for Rural Health**  
<http://crh.arizona.edu>

**National Rural Health Day**  
*Celebrating the Power of Rural!*



**NOVEMBER 19, 2015**

## Arizona Rural Health Champions Nomination Form

### NOMINEE INFORMATION:

First & Last Name:

Phone #

Email:

City, State, County:

**OR**

Program/Organization/Coalition Name:

City, State, County:

Contact Person | First & Last Name

Phone #

Email:

### PERSON SUBMITTING NOMINATION:

First & Last Name:

Phone #

Email:

City, State, County:

A 500 word essay detailing why this person/program/organization/coalition should be recognized as an Arizona Rural Health Champion is required. You must include one or more of the following criteria:

- Lives/Works in a rural/tribal community
- List any collaborations/partnerships established through the work of the nominee.
- Explain how the nominee made a significant difference in their rural/tribal community
- List innovative ideas that have led to creating a healthier community.
- List challenges and solutions.

If you are submitting digital stories or photos for posting on our website, please sign and date the UA Media Release form, [click here](#).

Rural health champions will be highlighted on the Center's website monthly. Please submit the form, essay, letters, other supporting documents, and media release form by **the 13<sup>th</sup> of every month** to:

Rebecca Ruiz | [raruiz@email.arizona.edu](mailto:raruiz@email.arizona.edu) | 520.626.2243

Jennifer Peters | [petersjs@email.arizona.edu](mailto:petersjs@email.arizona.edu) | 520.626.2254

If you need assistance developing a brief story for the conference website or have questions, please contact Jennifer or Rebecca.

Thank you!



## Multi-media consent and release form for individuals

I, the undersigned, hereby grant The Arizona Board of Regents on behalf of The University of Arizona (the "University") the right to videotape, film, audio record and/or photograph me and my performance in the Recordings identified below. I hereby grant the University, and its sublicensees, the exclusive, royalty-free rights to copyright, edit, publish, broadcast and otherwise use or disseminate all or any part the Recordings and my voice, image and likeness contained therein, for educational, research, commercial or promotional purposes, without condition or restriction, in whole or in part, in any medium or content whatsoever, including but not limited to, University websites, print, radio, television or any other electronic or digital forms of media throughout the universe. I also agree that there will be no residual or any other type of payment, royalty or fee due in connection with the rights granted herein. I agree to release the University from any and all claims for compensation, libel, false light, invasion of privacy, moral rights and rights of publicity.

**National Rural Health Day**  
**Arizona Rural Health Champions**      **10/ 2015 - 12/2015**  
**Arizona**

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Identification of Video, Audio, Film and/or Photograph (the "Recordings")

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NAME (PRINTED)

SIGNATURE

DATE

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Signature of guardian if under 18 years of age

DATE