2017 Frank Barker Wellness Leader Award

### Nominee application

*Recognizing the efforts of wellness leaders for a healthier community*

## The First Coast Worksite Wellness Council (FCWWC) seeks to recognize leadership in local wellness professionals (including, but not limited to):

## Wellness Directors, Managers, Coordinators

## Human Resources and Benefit Professionals

Nominees for this award should be involved in the implementation, design and/or measurement of a worksite wellness program. The corresponding nominator should know their candidate well and be inspired by the nominee’s work. A candidate may not solely nominate themselves – the nominator and nominee forms must both be completed for consideration. All nominations should be submitted to [awards@firstcoastwwc.org](mailto:awards@firstcoastwwc.org) by April 7, 2017.

Date:

## NOMINEE information

Name: Company: Title: Email Address: Phone Number:

## Please provide the name, company, email and phone number for two appropriate references, excluding family members and the nominator.

##### Nominee Certification

## In approximately 300 – 600 words, provide a personal statement about your work’s impact on employee/community wellness and well-being. describe what you have achieved, how you’ve demonstrated outcomes, and what you hope to achieve in the future.

#### I, the nominee, hereby certify that

* All the statements I have provided are true and correct.
* I have been working to improve wellness for at least three years.
* I live/work in the First Coast area. (Baker, Clay, Duval, Nassau or St. Johns County)
* I am not a member of the FCWWC Board of Governors.
* I am a current member of the FCWWC.
* I understand that I must be in attendance of the 9th Annual FCWWC Conference held at UNF on May 10, 2017.
* I have agreed to be nominated.
* If I am the recipient of this award, I will apply the financial portion of the award to support my organization’s worksite wellness initiatives, advance the promotion of health and well-being in the community, and/or increase my personal development and knowledge in the wellness field via continuing education programs, including events sponsored and hosted by the FCWWC.

##### To certify these statements, please enter your name and date:

**Name:**

**Date:**