Healthy and Active Living Ambassador Nomination Form 2024

MANITOBA HEALTHY Aging Awards

Celebrate older Manitobans who are making outstanding contributions in our communities.

This form, completed in its entirety, must be received by **Sunday, August 25, 2024.**

After you download your pdf form, complete the form and send it along with a photograph of the nominee:

Email form and photo to: SeniorsBranch@gov.mb.ca

or

Mail to:

The Division of Seniors and Long-Term Care, 300 Carlton St, Winnipeg, MB R3B 3M9

JUDGING

A committee made up of volunteer community members will review all of the nominations and assist in the selection of the award recipients.

NOTE: You may nominate yourself or someone else, but you may only submit a nomination in ONE category. Make sure you are completing the correct form.

HEALTHY AND ACTIVE LIVING AMBASSADOR AWARD

The Healthy and Active Living Ambassador award recognizes Manitoba individuals who are age 65 and older who actively contribute to and inspire older adults to remain physically active and healthy.

ELIGIBILITY CRITERIA

- a Manitoba resident 65 years of age or older
- led or organized activities, programs or events that encourage older adults to be physical active
- voluntary contributions must have been made in Manitoba
- voluntary contributions must have been made when the individual was 65 years old or older
- nominations will not be accepted for elected federal, provincial or municipal representatives or whose activity is a related to a position as a political appointee



Nomination Information

Are you nominating yourself or another person? (Please check one)

Myself Another Person

Nominee Information

Salutation: (Dr, Honourable, Sargent, Reverend, Elder, Mr, Mrs, Ms, Miss, etc.)

First Name:

Last Name:

| Region in which nominee lives: | | | | |
|--------------------------------------|-------------|---------------------------------------|----------|--|
| Southern | Interlake-E | astern | Northern | |
| Westman & Parl | klands | Winnipeg | | |
| Address: | | | | |
| Postal Code: | Phone Nu | umber: | Email: | |
| Date of Birth: | Number | Number of years residing in Manitoba: | | |
| Preferred Language of Communication: | | | | |

English French

Manitoba 🗫

Nominator's Information (Person submitting the nomination)

Same as above

If different — complete the following:

Salutation: (Dr, Honourable, Sargent, Reverend, Elder, Mr, Mrs, Ms, Miss, etc.)

First Name:

Last Name:

Address:

Postal Code: Phone Number: Email:

Date of Birth: Number of years residing in Manitoba:

Preferred Language of Communication:

English French



Achievement Description

1. Provide a brief description of the nominee's involvement in promoting health and active living in their communities. (3-4 sentences)

2. In what way has it been challenging for community members to be physically active and healthy in their community? How have these challenges been addressed or reduced by the nominee's contributions? (4-6 sentences)

3. Describe how the nominee has contributed to active and healthy living of the community and any related accomplishments. (minimum 6 sentences)



4. Describe how the community members and organization have responded to the nominees' efforts to promote physical activity and healthy living. (3-5 sentences)

5. How has the nominee personal active living and wellness journey inspired others in the leading active and healthy lives? (5-7 sentences)

6. Why does the nominee deserve to be recognized? (3-5 sentences)



Supporting Material

Supporting documents enhance the nomination by providing relevant additional information and examples that demonstrate your nominee's achievement(s). Examples may include testimonials, media articles, certificates, etc.

1. Supporting Material (Provide a short description of the material here.)

2. Supporting Material

Declaration

The Manitoba government is committed to ensuring the privacy of your personal information. The personal information collected is used solely for the purpose of the Awards Committee and resulting activities.

I confirm my nominee meets the eligible requirements and hereby declare that all the information provided in this application is true and accurate in every respect.

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