

Adult Role Model Award 2017

Tell us more about your Role Model!

Check if this Role Model is 21 years of age or older

Role Model Name: _____

How do you know your Role Model? _____

Where does your Role Model work, coach etc: _____

Please give the place you know them from and their title.

(ex: Teacher, Parent, School Counselor, Pastor, Youth Group Leader, Coach, etc.)

What is their phone number (if you know one)? _____

E-mail? _____

Tell us more about you!

Check if you are 21 years of age or younger

Your name: _____

Your age: _____

Your ethnicity: African American/Black Asian Caucasian/White
 Hispanic/Latino Native American Mixed Race Other

If you're still in school, your grade: _____ and your school: _____

If you win a prize or if we have more questions we will need to call you.

What is your phone number? _____

Please submit this completed nomination form to:

Cheryl Bowdridge
San Juan Basin Public Health
502 S 8th Street
Pagosa Springs, CO 81147

Or e-mail to cbowdridge@sjbpublichealth.org
Or fax to 970 264 4640

Questions? E-mail or call 970 264 2409 x204

Nomination forms are due March 13

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public health

sjbpublichealth.org

Durango Office
281 Sawyer Drive
Durango, CO 81303
970 247 5702

Pagosa Springs Office
502 S 8th Street
Pagosa Springs, CO 81147
970 264 2409

**How
are
you?**