

Name of Nominee: _____

Contact Number: _____ Cell Number: _____

① How long and in what capacity do you know the nominee? _____

② Is the nominee willing to commit time and effort to complete the 16 week Leadership Academy? Yes No Not sure

③ Why do you think the nominee would become a leader of change in their community? _____

④ Do you think once the nominee completes the Leadership Academy he/she would move to action and community organizing? Yes No Not sure

Nominated by: *(if applicable)*

Name: _____

Address: _____

Phone: _____ E-mail: _____

FOR MORE INFORMATION *Contact Cathy Dupont*

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📠 904.609.1141

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INITIATIVE OF THE  **Healthy Start**
COALITION, INC.

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