Westchester County Board of Health

Dr. Harold Keltz Distinguished Public Health Service Award

2024 NOMINATION FORM

Nominee is a volunteer or organization

Westchester County Board of Health

Cqh4@WestchesterCountyNY.gov Subject Line: 2024 Nomination

1. NOMINEE INFORMATION (Use N/A where not applicable) Email a jpeg color headshot and a

to public health in Westchester

January 9, 2024

completed photo release form signed by the nominee. (see last page)

Nominee's name; if nominee is an organization, please also provide

Public Health Awards C/o Caren Halbfinger

Nominees must live or work in Westchester County

whose efforts have made an extraordinary contribution

Title

ELIGIBILITY:

FILING DEADLINE:

EMAIL OR SEND TO:

CRITERIA:

name of contact person

Address			
Email	F	Phone	
Funding Source	F	Partner Agencies	
 PUBLIC HEALTH CONTRIBUTIONS: Use this form or add attachments to describe the nominee's accomplishments and contributions to public health in Westchester. Attach multimedia examples and website links as needed. PERSON MAKING THE NOMINATION 			
Name	Agency (if applicab	ole)	
Address	Phone and email		
Signature	Date		
	1		

PUBLIC HEALTH CONTRIBUTIONS OF NOMINEE : Include details on the length and breadth of the individual or organization's commitment to this effort. Attach pages, multimedia materials/links/photos as needed.		

PUBLIC HEALTH CONTRIBUTIONS OF NOMINEE:		



NAME:	
ADDRESS:	
PHONE:	
In exchange for the opportunity to participate in a Coureceipt of which opportunity shall be sufficient conside	
1. grant full and unconditional permission to the Count recordings of me, and/or video recordings of me; and or unintentionally, in the course of my participation in t "Project"), as well as use any and all other information "Materials") for any purposes whatsoever, on television currently existing or hereafter developed, without notic compensation, except where prohibited by law; and (ii otherwise modify the Materials, and use the Materials materials;	anything else I provide to the County, intentionally he County project in which I am to be involved (the provided to the County by me, (collectively, the n, on the Internet, in print, or in any other media se and without further consideration or) to edit, alter, distort, add to, rearrange and
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3. acknowledge that I shall have no right of approval o	f any use of the Materials; and
4. release in perpetuity the County, its officers, employ claims, demands, losses and liabilities of any kind what the Materials and the use thereof as permitted hereun endorsement or infringement of rights of publicity or present the country of	atsoever arising out of or in any way connected with der, including, but not limited to, claims of false
I warrant that I am at least 18 years of age and that I hauthority to enter into this consent and release. I unde consent and release but am doing so freely and willing my participation in the Project, does not obligate the C in this document. I have read and understand all of the	rstand that I am under no obligation to provide this gly. I understand that this consent and release, and county to make any use of any of the rights set forth
Signature	Date
Michaelian Office Building White Plains, N.Y. 10601	(914) 995-2930 email cap3@westchestercountyny.gov