

GEORGE LATIMER, Westchester County Executive

Date: February 12, 2018  
FOR IMMEDIATE RELEASE  
Contact: Catherine Cioffi (914) 995-2932  
Caren Halbfinger (914) 813-5013

## **DEADLINE EXTENDED ONE WEEK FOR 2018 PUBLIC HEALTH AWARD NOMINATIONS Volunteer Efforts by Adults and Young People to be Recognized by Board of Health**

The Westchester County Board of Health has extended the deadline for the annual Public Health Service Awards to February 19, and is encouraging community leaders and residents to nominate deserving programs, students and adult volunteers who have contributed to public health in Westchester County.

“Help us recognize these local heroes and inspire others to join us in this work,” said Robert Baker, MD, President of the Westchester County Board of Health. “The Health Department and the Board of Health rely on creative teamwork with community members to promote and improve public health.”

**The Dr. Harold Keltz Distinguished Public Health Service Award** is presented annually to a person or community-based organization, whose efforts have made an extraordinary contribution to the public health of Westchester residents, but who is not professionally engaged in public health work.

**The J.R. Tesone Youth Public Health Service Award** is an annual award presented to a student for his or her creative contribution to public health in Westchester. The award was created in 2014 in memory of J.R. Tesone, a Board of Health member with a life-long commitment to the children of Westchester.

The Board will also highlight the compassion, creativity and commitment demonstrated by a select group of nominees to be designated **Public Health Honorees**.

These awards will be announced and presented in April to spotlight National Public Health Week, and the honorees and their achievements will be featured on the Health Department’s web pages. Recent J.R. Tesone winners have included a teenager who advocated for children affected by cancer, and another who created an “app” to foster communication between teens with Type 1 diabetes. A volunteer who advocated for comprehensive mental health care for low-income residents, as well as non-profit programs that have worked to reduce health disparities, improve health literacy and improve access to care, have also been honored with the Distinguished designation.

Nomination forms are available at [www.westchestergov.com/health](http://www.westchestergov.com/health) and should be sent to [cqh4@westchestergov.com](mailto:cqh4@westchestergov.com).

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**Westchester County Board of Health**  
**Dr. Harold Keltz Distinguished Public Health Service Award**

**2018 NOMINATION FORM**

**ELIGIBILITY:** Nominees must live or work in Westchester County

**CRITERIA:** Nominees should be an individual or organization whose efforts have made an extraordinary contribution to public health in Westchester

**FILING DEADLINE:** **February 19, 2018 – 1 Week Extension!**

**MAIL OR DELIVER TO:** Westchester County Board of Health  
 Public Health Awards  
 C/o Caren Halbfinger  
[Cqh4@westchestergov.com](mailto:Cqh4@westchestergov.com) Subject Line: 2018 Nomination  
 Westchester County Department of Health  
 145 Huguenot Street, 7<sup>th</sup> Floor  
 New Rochelle, New York 10801

**1. NOMINEE INFORMATION (Use N/A where not applicable) Email a color photo and a completed photo release form.**

Nominee's name; if nominee is an organization, please also provide name of contact person	Title
Address	
Email	Phone
Funding Source	Partner Agencies

**2. PUBLIC HEALTH CONTRIBUTIONS: Use the reverse side of this form or attach your remarks to describe the nominee's accomplishments and contributions to public health in Westchester. Attach multimedia examples and links as needed.**

**3. PERSON MAKING THE NOMINATION**

Name	Agency (if applicable)
Address	Phone and email
Signature	Date

-over-

**PUBLIC HEALTH CONTRIBUTIONS OF NOMINEE**

A large, empty rectangular box with a thin black border, occupying most of the page below the section header. It is intended for the nominee to describe their public health contributions.



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

In exchange for the opportunity to participate in a County of Westchester (the "County") project, the receipt of which opportunity shall be sufficient consideration for this consent and release, I do hereby:

1. grant full and unconditional permission to the County (i) to use my name; photographs of me, audio recordings of me, and/or video recordings of me; and anything else I provide to the County, intentionally or unintentionally, in the course of my participation in the County project in which I am to be involved (the "Project"), as well as use any and all other information provided to the County by me, (collectively, the "Materials") for any purposes whatsoever, on television, on the Internet, in print, or in any other media currently existing or hereafter developed, without notice and without further consideration or compensation, except where prohibited by law; and (ii) to edit, alter, distort, add to, rearrange and otherwise modify the Materials, and use the Materials in whole or in part or in combination with other materials;

2. grant full and unconditional permission to the County to publish, display, broadcast, distribute, reproduce, perform, create derivative works from, and otherwise use, the Materials on television, on the Internet, in print, or in any other media currently existing or hereafter developed, and without payment of any compensation to me or my heirs and successors, whether the Materials are used on their own or as part of any audiovisual or other production; used to advertise any products, programming, or services of the County; or used for any other advertising, marketing, publicizing, promotional or other purposes whatsoever;

3. acknowledge that I shall have no right of approval of any use of the Materials; and

4. release in perpetuity the County, its officers, employees, agents, and elected officials from any and all claims, demands, losses and liabilities of any kind whatsoever arising out of or in any way connected with the Materials and the use thereof as permitted hereunder, including, but not limited to, claims of false endorsement or infringement of rights of publicity or privacy, or any other personal and/or property rights.

I warrant that I am at least 18 years of age and that I have the full, complete and unrestricted right and authority to enter into this consent and release. I understand that I am under no obligation to provide this consent and release but am doing so freely and willingly. I understand that this consent and release, and my participation in the Project, does not obligate the County to make any use of any of the rights set forth in this document. I have read and understand all of the terms stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Westchester County Board of Health**  
**J.R. Tesone Youth Public Health Service Award**

**2018 YOUTH NOMINATION FORM**

**CRITERIA:** A nominee should be a student whose volunteer efforts have made a creative contribution to public health in Westchester

**FILING DEADLINE:** **February 19, 2018 – 1 Week Extension!**

**MAIL OR DELIVER TO:** Westchester County Board of Health  
 Public Health Awards  
 C/o Caren Halbfinger  
[Cqh4@westchestergov.com](mailto:Cqh4@westchestergov.com) Subject Line: 2018 Youth Nomination  
 Westchester County Department of Health  
 145 Huguenot Street, 7<sup>th</sup> Floor  
 New Rochelle, New York 10801

**1. NOMINEE INFORMATION (Use N/A where not applicable) and email a color photo and the completed photo release form.**

Nominee's name and age	School attending, Grade
Address	Time spent on this initiative
Email	Phone
Funding Source	Partner Agencies

**1. PUBLIC HEALTH CONTRIBUTIONS: Use the reverse side of this form or attach your remarks to describe the creative effort of the nominee and the positive impact he/she has had on public health in Westchester, any obstacles, and how he/she overcame them. Include multimedia examples and links as needed.**

**2. PERSON MAKING THE NOMINATION**

Name	Agency (if applicable)
Address	Phone and email
Signature	Date

**PUBLIC HEALTH CONTRIBUTIONS OF NOMINEE**

[Empty box for public health contributions of nominee]



NAME (PARENT/GUARDIAN) \_\_\_\_\_

NAME (CHILD) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

In exchange for the opportunity for the minor child, whose name is written above, (the "Child") to participate in a County of Westchester (the "County") project, the receipt of which opportunity shall be sufficient consideration for this consent and release, I, on behalf of the Child, as his/her legal parent/guardian, do hereby:

1. grant full and unconditional permission to the County (i) to use the Child's name; photographs of the Child, audio recordings of the Child, and/or video recordings of the Child; and anything else the Child or I, as his/her legal parent/guardian, provide to the County, intentionally or unintentionally, in the course of the Child's participation in the County project in which the Child is to be involved (the "Project"), as well as use any and all other information provided to the County by the Child or me, as his/her legal parent/guardian, (collectively, the "Materials") for any purposes whatsoever, on television, on the Internet, in print, or in any other media currently existing or hereafter developed, without notice and without further consideration or compensation, except where prohibited by law; and (ii) to edit, alter, distort, add to, rearrange and otherwise modify the Materials, and use the Materials in whole or in part or in combination with other materials;

2. grant full and unconditional permission to the County to publish, display, broadcast, distribute, reproduce, perform, create derivative works from, and otherwise use, the Materials on television, on the Internet, in print, or in any other media currently existing or hereafter developed, and without payment of any compensation to the Child or me, as his/her legal parent/guardian, or his/her or my heirs and successors, whether the Materials are used on their own or as part of any audiovisual or other production; used to advertise any products, programming, or services of the County; or used for any other advertising, marketing, publicizing, promotional or other purposes whatsoever;

3. acknowledge that neither the Child nor I, as his/her legal parent/guardian, shall have any right of approval of any use of the Materials; and

4. release in perpetuity the County, its officers, employees, agents, and elected officials from any and all claims, demands, losses and liabilities of any kind whatsoever arising out of or in any way connected with the Materials and the use thereof as permitted hereunder, including, but not limited to, claims of false endorsement or infringement of rights of publicity or privacy, or any other personal and/or property rights.

I understand that I am under no obligation to provide this consent and release for the Child but am doing so freely and willingly. I understand that this consent and release, and the Child's participation in the Project, does not obligate the County to make any use of any of the rights set forth in this document. I have read and understand all of the terms stated above. I hereby represent, warrant, and attest that I am at least 18 years of age, am the legal parent/guardian of the Child and have full, complete and unrestricted legal authority to give this consent and release on his/her behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date