



Wise & Well Nomination Form

Please take the time to share information about you, a co-worker, or your department's efforts and success around wellness and/ or healthy changes. This will help create a Wise & Well recognition story to share with others.

Application Questions

1. Tell us about the Wise & Well nominee.

2. What inspired the healthy change?

3. Have there been any barriers to making this healthy change? If so, what were they and how were they overcome?

4. How do family members, friends and co-workers feel about the healthy change activities and or lifestyle changes?

5. What should others know about this healthy change story?

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|--------------------|--|
| Nominee Name: | Nominee Department & Position: (if applicable) |
| Nominee Phone No: | Nominee Email: |
| | |
| Name of Nominator: | Nominator Phone No: |
| Nominator Email: | Date: |

Please submit to: Info.Wellness@Maine.gov

If you would like to include a picture to accompany the story, please complete the State of Maine Permission for Photography Form.



State of Maine Permission for Photography

For valuable consideration received, I grant to the State of Maine and its legal representatives and assigns the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Maine state government and its legal representatives and assigns from all claims and liability relating to said photographs.

Nominee Signature: _____

Date: _____