

**NHCA/NALA 2010 VOLUNTEER OF THE YEAR
NOMINATION FORM**

SECTION 1

Nominee's Name or Group Name: _____

Categories (select one)

Adult _____ (20 or more years of age)

Young Adult _____ (13-19 years of age)

Age of Young Adult Candidate _____

Group _____

If Group Nominee, Name of Contact Person: _____

Address _____

City _____ State _____ Zip _____

Telephone Number of Nominee (*contact only with facility permission*) _____

Email Address (*contact only with facility permission*): _____

Select ONE of the following:

NHCA Volunteer _____

NALA Volunteer _____

Nominating Facility's Name: _____

Address _____

City _____ State _____ Zip _____

Telephone Number: _____

Facility Contact (Print) _____

Title: _____

Facility Contact Signature _____

Email Address _____

SECTION 2

I. Please provide the following information about your nominee and the facility for NHCA/NALA's Volunteer of the Year award selection process.

A. Length of volunteer service at nominating facility _____ years

B. Frequency of service

i. How many hours per week _____ or hours per month _____

ii. How many months per year _____

C. Total number of residents in the facility _____

II. What type of projects does this nominee volunteer for or specialize in? (*about 50 words*):

III. Describe the program(s) developed by the nominee (*about 50 words*):

IV. How has this nominee has made a unique contribution to the residents and staff (*about 50 words*):

V. Describe how the nominee's activities support the mission of the facility and the goals of the staff (*about 50 words*):

VI. Describe how the nominee attracted other volunteers to facility activities (*about 50 words*):

VII. In no more than **200 words**, explain what makes your Volunteer of the Year nominee **special**. Use the following questions as a guide. (Please type your comments on a separate sheet.)

- A.** How does your nominee help residents reach their potential?
- B.** How has the nominee improved the quality of life at the facility?
- C.** What makes this nominee extraordinary?

SECTION 3

Submit **three letters** of reference that recommend the nominee. **One letter** must be from the facility owner or administrator. A **second letter** must be from another management official, such as the Director of Nursing. The **third letter** must be from a resident, a resident's family member, or a resident's friend who frequently visits. This letter should not be from staff personal.

Each reference should not exceed one page, be printed on official facility letterhead, and address the following characteristics of the nominee:

- Personal growth by volunteering;
- Work ethic;
- Commitment to serving the aged and disabled; and
- Attitude, character, and ability to motivate.

Please note: All materials, essays, and photos become the property of NHCA/NALA and **WILL NOT** be returned.