VOLUNTEER OF THE YEAR AWARD
recognizing the individuals, duos or groups who volunteer in our facilities

Health Care Association of Michigan
2020 Award and Recognition Program

Application Deadline: March 20, 2020

About the Award:

The Volunteer of the Year Award shines a spotlight on those who selflessly come into HCAM member facilities to volunteer and help enrich the lives of our residents.

Nomination Guidelines:

• Completed nomination forms must be mailed to HCAM, 7413 Westshire Dr., Lansing, MI 48917 and postmarked by March 20.

• All nominations must be made on the enclosed application.

• Include a letter of nomination from your facility.

• Nominations may be submitted for an individual, or for a group/team of two or more.

• Have your nominee submit a short letter giving their reason(s) for “Why I Volunteer.”

• Selection will be made on the basis of the nomination form, nominee’s letter and the facility letter.

• Photos of your nominee in their volunteer role are encouraged.

• Materials will not be returned unless requested.

• By remitting this application, nominators and administrators are releasing quotes from their nominating letter and all subsequent photos to be used in any HCAM promotional materials, including social media.

• The winner will be recognized at the HCAM/MCAL Annual Convention.

Nominate Your Caring Volunteers Today!!
Name of Nominee

Nominating Facility

Address

Contact Person

Title:

Telephone (___)_______Email

Frequency of Service: _______ hours per week or month or year (circle)

Length of Service at Nominating Community: _______ years

Your signature constitutes an agreement that all or portions of the application, including subsequent photos, may be used for public relations and promotional purposes, including social media distribution.

Nominator’s Signature

PRIMARY VOLUNTEER JOBS: NUMBER OF RESIDENTS WHO BENEFIT DIRECTLY

(Check all that apply)

Friendly Visitor

—— Leads Craft Sessions

—— Leads Religious Services

—— Leads Group Discussions

—— Leads Educational Programs

—— Provides & Serves Refreshments

—— Arranges & Shows Slides & Movies

—— Provides Personal Services: (shopping, grooming, reading, etc.)

—— Musician or Performer

—— Support Service for any of the above (including transport of residents)

—— Other (be specific)

—— New programs initiated, if any:

—— Other Volunteers they have Recruited: (number)

Completed nomination form and supporting letters must be mailed before the March 20 deadline to

HCAM, 7413 Westshire Dr., Lansing, MI 48917

Any questions should be directed to elizabeththomas@hcam.org.