NOMINATION GUIDELINES

- Completed nomination forms must be mailed to MCAL, 7413 Westshire, Lansing, MI 48917 and postmarked by March 20.
- All nominations must be made on the enclosed application.
- Include a letter of nomination from your assisted living community.
- Have your nominee submit a short letter to the committee giving their reason(s) for “Why I Volunteer.”
- Selection will be made on the basis of the nomination form, nominee’s letter and the assisted living community letter.
- Photos of your nominee in their volunteer role are encouraged.
- Materials will not be returned unless requested.
- By remitting this application, nominators and directors are releasing quotes from their nominating letter and all subsequent photos to be used in any MCAL promotional materials, including social media.
- The winner will be recognized at the HCAM/MCAL Annual Convention.

NOMINATE YOUR CARING VOLUNTEERS TODAY!!

Application Deadline: March 20

Top photo is of 2016 winner Lakeview High School Key Club with Ganton Senior Communities.
MCAL VOLUNTEER OF THE YEAR
NOMINATION FORM

Name of Nominee___________________________________________________
Nominating Assisted Living Community________________________________
Address________________________________________________________________
Contact Person_________________________________________________________
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

MCAL
7413 Westshire Dr.
Lansing, MI 48917

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