



EXCELLENCE IN VOLUNTEERISM AWARD
NOMINATION FORM

Hospital: _____ Date: _____

Category: Urban Rural

Name of Volunteer (please print): _____

Volunteer Phone Number: _____ Volunteer E-mail: _____

Number of Years as a Volunteer: _____

Your Name (please print): _____

Title: _____

Phone Number: _____ E-mail: _____

Award Description: The *Excellence in Volunteerism Award* recognizes one urban hospital and one rural hospital volunteer who have made an exemplary commitment to their hospital and contributions to improve his/her hospital's service to its patients and community. Since its establishment, this award has recognized a number of outstanding hospital volunteers throughout Nevada.

Please provide a written narrative for all underlined items (no more than three pages, single-space) outlining the nominee's significant and special contributions to the hospital. The criteria used in assessing candidates include:

- Dedication and commitment in making a difference in the lives of their hospital's patients
- Made a difficult experience easier for a patient's family member
- Demonstration of outstanding leadership abilities
- Major projects completed or directed to improve his/her hospital's services to its patients and community

Nominations must be received by Monday, August 3rd before 11:59 p.m.