AHCA/NCAL’s 2010 Volunteer of the Year Award

At the American Health Care Association and National Center for Assisted Living’s 61st Annual Convention and Exposition in Long Beach, CA on October 10-13, 2010, AHCA/NCAL will honor volunteers who have made special contributions to the quality of life of long term care residents. Following are the requirements for state nominations for Volunteers of the Year.

Volunteer Categories

AHCA/NCAL will honor one volunteer from each category:

**Adult** -- an *individual* 20 years of age or older who has volunteered in a member facility for at least one year *before* being nominated for the award.

**Young Adult** -- an *individual* 13 to 19 years of age who has volunteered in a member facility for at least one year *before* being nominated for the award.

**Group** -- a distinct *organization* that has provided group volunteer services or participated in a series of activities with a member facility’s residents for at least one year *before* being nominated. Examples include, but are not limited to, Boy and Girl Scouts, Rotary Clubs, entertainment groups, garden clubs, employee clubs, church groups, etc. Generally two people do not constitute a “group” and will not be accepted.

*AHCA/NCAL may not make a national award in any of the categories listed above if fewer than 10 nominations are submitted.*

Eligibility Criteria

All entries must meet the following criteria:

- Nominations in each category must be *typed*.
- Faxed nomination forms will not be accepted.
- Nominations for the national Volunteer awards must come from an AHCA/NCAL state affiliate. Nominations forms received directly from member facilities will not be accepted;
- Nominees must have volunteered in a member facility (nursing, assisted living/residential care, DI) for at least one year;
- Letters of support must accompany the nomination (see Section III);
• Honorees must represent three different state affiliates, i.e., a state may not win in more than one category per year; and

Selection Criteria

A panel of judges from outside of AHCA/NCAL will rank the volunteer nominees in each category based on the following criteria:

• Ability to help residents achieve their potential;
• Overall impact on residents;
• Involvement in activities;
• Leadership role in initiating programs for residents;
• Personal growth from being a volunteer; and
• Length and frequency of service.

Recognition of Honorees

To show volunteer Honorees how much we, as a profession, appreciate their service to long term care residents, AHCA/NCAL will hold the awards presentation during our annual convention. As part of the recognition process, AHCA/NCAL will invite the Adult volunteer Honoree and one guest, the Young Adult volunteer Honoree and a parent or guardian, and one volunteer Honoree to represent the Group, and one guest, to participate in convention activities at AHCA/NCAL’s expense.
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______ (Distinct Organization)

If Group Nominee, Name of Contact Person_________________________________

Address_____________________________________________________________________

City___________________________ State_______ Zip___________________________

Telephone Number of nominee (contact only with facility permission)

Email Address _____________________________________________________________

Nominating Facility’s Name ________________________________________________

Address_____________________________________________________________________

City___________________________ State_______ Zip___________________________

Telephone Number_________________________________________________________________

Facility Contact & Title (Print)_________________________________________________

Facility Contact Signature __________________________________________________

Email Address ______________________________________________________________
SECTION 2

I. Please provide the following information about your nominee and the facility for AHCA/NCAL’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 any program(s) developed by the nominee (about 50 words):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________

Application Code: ___________
V. Describe how the nominee’s activities support the mission of the facility and 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 full potential?
B. How has the nominee improved the quality of life at the facility?
C. What makes the nominee special?

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 personnel.

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 essays and photos become the property of AHCA/NCAL and will not be returned.