

REGIONAL NOMINATION FORM

All nominations must be received by **August 15, 2019**

Nominee's Name _____

Organization (if applicable) _____

Address _____

Telephone _____

Cellphone: _____

Email _____

Nominated by: _____

Organization (if applicable) _____

Address _____

Telephone _____

Email _____

Award Category (check one)

_____ Family Caregiver Award

_____ Para-Professional Caregiver Award

_____ Volunteer Caregiver Award

All nominees in every category should demonstrate one or more of the following characteristics:

Caregivers are by definition very special people who all deserve to be recognized in this way. When telling the story of your caregiver, try to relate anything that makes them truly stand out as an example to others in the caregiving community.

In sharing the story of the nominated caregiver, include examples of any of the following:

- How this nominee exhibits exceptional compassion, empathy, respect, and dedication in their caregiving duties

- Ways in which this nominee has expanded their knowledge of caregiving skills and techniques.

- Ways in which this nominee has worked to support other caregivers in the community.

- Examples of why this caregiver is extraordinary.

- Ways in which the nominee acknowledges and meets the unique physical, emotional and practical needs of their clients and their families.

- How the nominee has improved the quality of life for clients and their families.

- Please provide any additional information that supports this nomination.

(You may submit letters of support from people who have first-hand knowledge of this nominee's caregiving by scanning and attaching to the email with the nomination packet)

