At its 63rd annual convention in Tampa, FL, on October 7-10, AHCA/NCAL will recognize honorees for their dedication to improving the quality of life of residents and their communities-at-large.

Following are the requirements and nomination forms for the Volunteer of the Year award.
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 prior to 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 prior to 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 prior to being nominated for the award. Examples of this category include, but are not limited to, Boy and Girl Scouts, Rotary Clubs, garden clubs, employee clubs, church groups, etc. Two people informally volunteering together do not constitute a “group” and will not be accepted.

AHCA/NCAL may choose not to issue 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 and received at AHCA/NCAL by mail or electronic submission **Monday, May 21, 2012**.
- Fax nomination forms will not be accepted.
- Nominations for the national volunteer awards must come from an AHCA/NCAL state affiliate. Nomination forms received directly from a member facility will not be accepted.
- Nominees must have volunteered in a member facility (skilled nursing facility, assisted living/residential care) for at least one year.
- Letters of support must accompany the nomination (see Section III).
- A state may not win in more than one category per year.
- If a state association nominated a winning candidate the previous year, that state is not eligible in that same category the next year.
- Please note that all essays and photos become the property of AHCA/NCAL and will not be returned.
2011 Honorees

<table>
<thead>
<tr>
<th>Young Adult Volunteer</th>
<th>Adult Volunteer</th>
<th>Group Volunteer</th>
<th>DD Hero of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braden Stover</td>
<td>Doyle Smith</td>
<td>Maplewood VIPs</td>
<td>Beth Atkinson</td>
</tr>
<tr>
<td>West Virginia</td>
<td>Missouri</td>
<td>New York</td>
<td>Massachusetts</td>
</tr>
</tbody>
</table>

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 the 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. The 2012 annual convention will take place on October 7-10, 2012, in Tampa, FL.

State Affiliate Role

State affiliates may establish their own rules and criteria to select State winners. However, AHCA/NCAL requires that state affiliates use the attached standardized forms to submit nominations for national recognition. **Deadline: May 21, 2012.**
2012 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 in coordination with facility)

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 beds at 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)*:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please note: all essays and photos become the property of AHCA/NCAL and will not be returned.
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 person, such as the “Director of Nursing.” The third letter must be from another 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.