

2019 HAVE Awards

Hospital Awards for Volunteers Excellence

36 years

– Applications due Feb. 11, 2019



American Hospital
Association®

2019 HAVE Awards

Welcome!

Thank you for considering the nomination process for the American Hospital Association (AHA) 2019 Hospital Awards for Volunteer Excellence (HAVE).

Volunteer services provide critical support to health care organizations, benefiting patients, their families and communities. We applaud your efforts and thank you for your dedication to this valuable service.

Eligibility Requirements:

In order to submit a nomination for the HAVE Award, you must meet the following eligibility requirements:

- The nominated program must have functioned successfully for at least two years (since February 1, 2017) within a health care organization or a community the organization serves.
- The nominated program must be affiliated with an AHA institutional member hospital or health system.
- Organizations affiliated with members of the HAVE selection committees are not eligible to apply.
- Only one nomination per organization will be considered the nomination period.
- The organization submitting a nomination may not have received a HAVE Award within the previous three years.
- Awards recognize specific service areas, initiatives or programs.

Review Criteria:

- Volunteers play a substantial role in planning, developing, implementing and maintaining the program.
- The program is creative or innovative, thereby breaking new ground nationally for health care volunteer services.
- The program benefits the service recipients, the health care organization and/or the community.
- The program could be replicated or adapted in another community or organization.

- **Outcome measures have achieved the stated goals within the program.**

Before you begin the nomination submission process, we recommend that you review the required information to familiarize yourself with the full scope of the online nomination form. Complete your answers in a Word document, and then cut and paste the responses into the online nomination form. Once the information is saved in the online nomination form, it may not be edited, nor can you save a partially completed nomination and then return to it. Finalize your responses in a Word document FIRST. Copies of submitted nominations will not be returned to the nominator.

Please use the navigation buttons at the bottom of each page within the nomination form. Do not use your internet browser to navigate; doing so will result in an error message appearing and you may need to start from the beginning. Consider enlisting the writing and editing support of a grant writer, communications specialist or marketing colleague when drafting the nomination.

All entries must be submitted by 11:59 p.m. (PDT) February 11, 2019.

Submit any questions about this process to Ursula Pawlowski, governance and operations manager, AHVRP, UPawlowski@aha.org .

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Eligibility Requirements

* 1. In order to move forward, the nomination must meet all the criteria below.

Please check **all boxes** in order to move forward and submit a nomination for the 2019 HAVE Awards.

- | | |
|--|--|
| <input type="checkbox"/> The nominated program must have functioned successfully for at least two years (since February 1, 2017) within a health care organization or a community the organization serves. | <input type="checkbox"/> Only one nomination per organization will be considered annually. |
| <input type="checkbox"/> The nominated program must be affiliated with an AHA institutional member hospital or health system. | <input type="checkbox"/> The organization submitting a nomination may not have received a HAVE Award the previous three years. |
| <input type="checkbox"/> Organizations affiliated with members of the HAVE selection committees are not eligible to apply. | <input type="checkbox"/> Awards recognize specific service areas, initiatives or programs. |

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Length of Program

* 2. Please attest the program has existed at least since February 1, 2017.

Yes

No

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Submitter information

* 3. Staff person submitting the nomination form:

Please note: Only paid staff of the organization can apply. If you are a volunteer, please connect with your manager. This person will be responsible for communication during the nominations process.

Name:

Title:

Address:

City:

State:

Zip Code:

Hospital/System:

Telephone:

Email:

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Volunteer Led Program Title

* 4. Name of Volunteer Led Program:

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Program Category

* 5. Program Category (**Select only one** of the four categories)

- Community Service** - programs that assisted a health care organization in the design and delivery of services or programs of measurable impact to the well-being of individuals and/or the community. Service or program can address social determinants of health.
- Fundraising** - programs that designed and implemented an innovating approach to fundraising that benefited the health care organization or the community. Service or program can address social determinants of health.
- In-Service** - programs that designed and implemented innovative services to address needs or challenges within your health care organization. Service or program can address social determinants of health.
- Community Outreach and/or Collaboration** - programs that designed and implemented an innovative approach with external partners to address needs or challenges within the health care organization or community. Service or program can address social determinants of health.

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Brief Description

* 6. Please provide a brief description and the goals of the program. Describe what organizational or community need it meets. *(400 words maximum)*

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Program Outcome

* 7. Please describe the outcomes of the program. Include quantitative or qualitative measures such as outcome data, satisfaction scores or examples of impact. (400 words maximum)

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Role of Volunteers

* 8. Describe the role of volunteers in planning, developing, implementing and maintaining the program. (400 words maximum)

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Program Creativity

* 9. Describe how this program is creative and/or innovative, thereby breaking new ground nationally for health care volunteer services. (400 words maximum)

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Program Benefit Recipients

* 10. Describe how this program benefits recipients, the health care organization and/or the community. (400 words maximum)

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Visual Representation of Program

New this year, you can upload one image which depicts your program; this image can be a collage of up to 5 images. By uploading the image, you have permission to do so and you grant AHA permission to distribute and share the image with the screening committee during the nominations review process. You are not required to submit an image. Nominations without submitted images will also be reviewed.

11. Describe the image and identify events, participants in the image. Original images only accepted. Clip art or commercial images will not be accepted. By submitting an image, you attest to having permission from your senior leadership to submit image as part of this nomination.

12. Upload your image here. Only PDF, PNG, JPG, JPEG files are supported. Only one file can be submitted. File size limit is 16MB.

Choose File

No file chosen

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CEO

* 13. Chief Executive Officer of the nominated hospital/healthcare system.

Name:

Title:

Telephone:

Email:

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CEO Support

* 14. The checked box confirms that your CEO supports the submission of the nominated program. *(The nomination will not be processed without CEO's support. One nomination per organization will be considered during the nomination period)*

I confirm my CEO has full knowledge of and supports this submission.

I need to confirm with my CEO. *(I understand that my submission will not be considered for the nomination)*

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Administrative Assistant to CEO

* 15. Administrative Assistant to the CEO.

Name:

Title:

Telephone:

Email:

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Volunteer Information

* 16. Name of the volunteer who will be representing the program when accepting the award between Sept. 15-Oct. 30, 2019, at the 2019 HAVE Award ceremony, location TBD, if the program is selected for a HAVE Award. Travel and one night hotel stay will be covered by AHA. Travel arrangements are made by AHVRP.

Name:

Title:

Address:

City:

State:

Zip code:

Telephone:

Email:

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* 17. Volunteer Service Professional/Manager/Director.

Name:

Title:

Telephone:

Email:

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Thank you!

Thank you for submitting your nomination.

Please print a copy of this screen by selecting CTRL P and sending the image to your printer as confirmation that your nomination has been received. The AHVRP staff will contact you within 48 hours to confirm your nomination has been submitted. All submitters will be contacted by June 3, 2019 whether or not the nomination has been selected for an award. Submitted nominations will not be returned to the originator.

Please press the "DONE" button below to submit your nomination.