

# AHVRP

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Association for Healthcare  
Volunteer Resource Professionals

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A professional membership group of the  
**American Hospital Association**

## AHVRP 2018 Award of Excellence Nomination Form

### AHVRP 2018 Award of Excellence

#### 2018 Award of Excellence Nomination Form

##### **Purpose:**

To recognize individuals who have demonstrated exemplary service and contribution to AHVRP and to the profession of healthcare volunteer management.

##### **Selection Criteria:**

- Nominee is a current AHVRP National member with at least five years of consecutive annual membership
- Nominee has not been an AHVRP Board member in the last two years
- Nominator must be a professional colleague (not a subordinate) or may be a self-nominee
- All content is included and submitted in this nomination by April 25, 2018, 11:59pm(CST).
- Nominator submits content which describes the nominee's professional participation at the local, state, and/or national levels as required in the selection criteria.

Please be sure you have carefully reviewed the purpose, eligibility, and criteria for this distinguished award. Selection is based solely on the information provided in this application- please be comprehensive.

This award is open to all AHVRP members and the health care organizations they represent. If selected, AHVRP will honor the AHVRP 2018 Award for Excellence recipient at the 50th Annual AHVRP Conference & Exposition, Recognition Breakfast, Sunday, September 30, 2018, Hyatt Regency O'Hare, Rosemont, Illinois. Recipients will receive one 2018 AHVRP conference registration(non-transferable), an award and notification to senior leadership of the recipient's organization.

All entries must be submitted by Wednesday, April 25, 2018, 11:59pm (CST).

\* 1. Please complete the following:

**Nominee Full Name:**

**Nominee Title:**

**Facility Name:**

**Facility Address:**

**City/Town:**

**State:**

**ZIP:**

**Email Address:**

**Phone Number:**

2. Please complete the following:

**Submitted by (Full Name):**

**Title:**

**Facility Name:**

**Facility Address:**

**City/Town:**

**State:**

**ZIP:**

**Email Address:**

**Phone Number:**

\* 3. Please describe the nominee's leadership role in advancing the practice of healthcare volunteer management.(Maximum 500 characters)

\* 4. Please describe the nominee's responsibility for major contributions to the advancement of the profession of volunteer management through leadership innovations, implementation of new programs, management, initiatives, authorship, teaching, research in healthcare volunteer management, or other activities. (Maximum 500 characters)

\* 5. Please describe on the nominee's active participation in AHVRP, such as service on the Board of Directors, committees, subcommittees, educational events or thought leadership.(Maximum 500 characters)

\* 6. Please describe on the nominee's participation in local, regional or state groups and other volunteer management organizations: (Maximum 500 characters)

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7. By entering my name in the box below, I submit this application on behalf of the nominee. All nominators will be contacted regarding the submission by May 31, 2018. Click DONE to submit your nomination.

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