



2010 Honored Volunteer Nomination Form

(Please print or type)

Nominee's Name _____ Phone _____

Home Address _____ City _____ Zip _____

Individual Team Representative of all program volunteers

***PLEASE NOTE:** Nominees may be individuals or teams of two volunteers. For a team to be appropriate for recognition, they must perform their hospice work together. That teamwork must be the distinguishing factor in their nomination. It is NOT appropriate to nominate a pair or team who do not perform their hospice work together.

Please provide an electronic photo of your nominated volunteer. E-mail your photo to Stacey Nay, nays@ihaonline.org by September 3, 2010. Any photo received after this date will not be accepted. The photo will appear on screen when the volunteer is announced for all attendees to recognize.

Phonetic Pronunciation of Nominee's Name: _____

Summary of Nominee's contribution to your program (responsibilities, types of service, special characteristics)
Please limit your nomination to 75-100 words.

Please check one: Nominee will attend Recognition.
 _____ will represent nominee at Recognition.
 There will be no representative attending the Recognition. Please send award.

Nominating Person's Name _____

Hospice _____

Address _____

City/State/Zip _____ Phone _____

Please return by September 3, 2010
Hospice and Palliative Care Association
of Iowa
Attn: Stacey Nay
100 East Grand, Suite 120
Des Moines, IA 50309
Fax 515/283-9366