AHCA/NCAL’s 2007 Volunteer of the Year Award

At the American Health Care Association and National Center for Assisted Living’s 58th Annual Convention and Exposition in Boston, MA on October 7-10, 2007, AHCA/NCAL will honor volunteers who have made special contributions to the quality of life of long term care residents. Following are the requirements for state nominations for Volunteers of the Year.

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 before being nominated for the award.

**Young Adult** -- an individual 19 years of age or younger who has volunteered in a member facility for at least one year before being nominated for the award.

**Group** -- a distinct organization or club that has provided group volunteer services or participated in a series of activities with a member facility’s residents for at least one year before being nominated. The organization should have contributed to the mental, social, and emotional well being of residents. (Examples include, but are not limited to, Boy and Girl Scouts, Rotary Clubs, entertainment groups, garden clubs, employee clubs, church groups, etc.)

AHCA/NCAL reserves the right not to make 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 by the AHCA/NCAL office by **Monday, June 18 2007**;

- Nominees for the national awards must be nominated by an AHCA/NCAL state affiliate. Nomination forms received directly from facilities will not be accepted;

- Nominees must have volunteered in a member facility (nursing, assisted living/residential care, DD residential services etc.) for at least one year;

- Letters of support must accompany the nomination (see Section III);

- Honorees must represent three different state affiliates, i.e., a state may not win in more than one category per year; and
• If a state association nominated a winning candidate the previous year, that state is not eligible in that category the next year.

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 realize 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 Winners

To show volunteer Honorees how much we, as a profession, appreciate their service to help long term care residents, AHCA/NCAL will conduct the awards presentation during our annual convention. As part of the recognition process, AHCA/NCAL will invite the adult volunteer Honoree and one guest, the teen volunteer and a parent or guardian, and one representative of the group, and one guest, to participate in convention activities at AHCA/NCAL’s expense.

State Affiliate Role

State affiliates may establish their own rules and criteria to select State winners. However, AHCA/NCAL requires that affiliates use the attached standardized forms to submit nominations to the national recognition program. Deadline: June 18, 2007.
2007 VOLUNTEER OF THE YEAR
NOMINATION FORM

SECTION 1

Nominee’s Name or Group Name _______________________________________________________

Category _______ Adult _______ Young Adult _______ Group

Age (Young Adult Applicants Only) _______

If Group Nominee, Name of Contact Person__________________________________________

Address________________________________________________________________________

City________________________ State_______ Zip________________

Telephone Number of nominee (communication only with facility permission)

______________________________________________________________________________

Email Address (used only with facility permission) ________________________________

Nominating Facility’s Name________________________________________________________

Address________________________________________________________________________

City________________________ State_______ Zip________________

Telephone Number______________________________________________________________

Facility Contact & Title (Print)

AMERICAN HEALTH CARE ASSOCIATION * NATIONAL CENTER FOR ASSISTED LIVING
Quality First: A Covenant For Healthy, Affordable, and Ethical Long Term Care
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 residents in the facility__________________________

II. What type of projects does this nominee volunteer for or specialize in?
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

III. Describe the program(s) developed by the nominee (50 words or less):
     ____________________________________________________________
     ____________________________________________________________
     ____________________________________________________________

IV. How has your nominee made a unique contribution to the residents and staff?
    ____________________________________________________________
    ____________________________________________________________
V. Describe how the nominee’s activities support the mission of the facility and goals of the staff?

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

VI. How has the nominee involved other volunteers in facility activities (50 words or less)?

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

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 potential?
B. How has the nominee improved the quality of life at the facility?
C. What makes the nominee extraordinary?

SECTION 3

Submit three, one-page letters of reference that support the nominee. One letter must be from the facility administrator and one other top official. The third letter must personally support the nominee and should not be from an employee or relative but can be from a resident, a resident’s family member, other volunteer, teacher, etc.

These references should 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.

Please note: all essays and photos become the property of AHCA/NCAL and will not be returned.