



2011 VOLUNTEERS FOR HEALTH RECOGNITION AWARD NOMINATION FORM

The Tampa Bay Healthcare Collaborative (TBHC) is seeking nominations for its Fall 2011 Volunteers for Health Recognition Awards. The awards will recognize individual volunteers who have made a significant impact on the quality and availability of healthcare in the Tampa Bay Area through volunteering. One individual from Hillsborough County and one individual from Pinellas County will be honored for their outstanding contributions as a volunteer in the field of healthcare/community health.

Please complete this nomination form and forward it to the TBHC Volunteers for Health Recognition Award Selection Committee Coordinator Gregg Rose via fax at (727) 321-9612 or via email at grose@poc-inc.org. Awards will be publicly presented during the TBHC Quarterly Meeting on **Thursday, November 3, 2011** and posted on the TBHC website at www.tampabayhealth.org and the volunteer website at www.icanhelpnow.com.

DEADLINE for receipt of nominations is Friday, October 14, 2011.

(Please Print)

NOMINATOR

Name _____
Title & Organization _____
Phone _____ Email Address _____

NOMINEE

Name _____ Age _____
County _____ Yr.-round resident? (Y/N) _____ Seasonal resident? (Y/N) _____
Organization _____
Phone _____ Email Address _____

NOMINEE'S STORY

Please share your nominee's story in no more than 2 pages answering the following questions:

- Number of years of service in the community? Number of years with your organization?
- Diversity of service within the community (list other places served, how long)?
- What does your nominee do for your organization? List time frame.
- What community health need(s) does the nominee address?
- What is different as a result of your nominee's service (impact, effectiveness)?
- What makes your nominee unique/special (leadership abilities, skill level, etc.)?
- How would you describe the spirit of your nominee?

REFERENCE

Please provide the name and contact information for a reference (other than the nominator) who could verify the scope and extent of the nominee's activities. References should be persons familiar with the volunteer activities for which the nomination is made and should not include the nominee or any person related to the nominee.

Name _____
Organization _____
Phone _____ Email Address _____