



**ILLINOIS ACTIVITY
PROFESSIONALS ASSOCIATION**

dedicated to enriching the education and professionalism of those involved in activities to enhance the quality of life for individuals residing in a variety of care settings in Illinois

APPLICATION FOR VOLUNTEER AWARD

The Volunteer Award was founded in 1998. This award honors and recognizes the volunteer(s) who unselfishly give of themselves to enhance the quality of life for our residents/clients. A volunteer's contribution to an Activity program cannot be denied for without friendly visitors, chaperones, clerical assistants, menders, group leaders, manicurists, artists, readers, etc. our structured programs would fall short of what we dream they could be. This award is given to the volunteer who exemplifies care, compassion and concern for residents/clients and exhibits an outstanding commitment to enhancing their quality of life and the Activity program.

The winner receives an engraved plaque

Criteria: The nominee must:

- Actively support and be involved in the Activity program and with the Activity staff in the facility/agency
- Demonstrate care and concern for all residents/clients and their rights
- Make a visible contribution to the facility/agency
- Volunteer their time and talents for the benefit of the residents/clients in the facility/agency
- Submit a minimum of three letters of reference in support of nominee's qualifications/qualities
- Attend the Awards Presentation during the IAPA annual conference

Important! Information must be typed or very legibly PRINTED.

NOMINEE —

Name _____ Job Title _____

Facility/Agency _____

Work Address (Include City & Zip Code) _____

Home Address (Include City & Zip Code) _____

Phone Numbers (Include Area Codes) Work _____ Home _____

Email _____

NOMINATION SUBMITTED BY — (Must be an IAPA member in good standing)

Name _____ Job Title _____

Address _____

Phone Numbers (Include Area Codes) Work _____ Home _____

Email _____

REQUIRED INFORMATION FOR NOMINATION —

Number of Years as Volunteer _____ Number of Volunteer Hours Per Week _____

Areas of Volunteer Service _____

DESCRIBE HOW NOMINEE MEETS THE FOLLOWING CRITERIA:

DEMONSTRATES COMPASSION FOR THE RESIDENTS/CLIENTS _____

UNSELFISHLY GIVES OF TIME AND TALENTS FOR THE BENEFIT OF RESIDENTS/CLIENTS _____

ASSISTS THE ACTIVITY DEPARTMENT IN PROVIDING QUALITY PROGRAMMING FOR THE RESIDENTS/CLIENTS _____

VISIBLE CONTRIBUTIONS TO THE FACILITY/AGENCY _____

PROMOTES "QUALITY OF LIFE" FOR THE RESIDENTS/CLIENTS _____

REFERENCES: List names of those whose reference letters are enclosed & their relationship to nominee.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Submit a minimum of three references to demonstrate nominee's qualifications for this award.

Each reference letter or additional page, **MUST** have the nominee's name at the top.

Email an album of pictures, videos and/or letters or mail a three-ring binder of these items

DEADLINE: Must be RECEIVED by September 1ST! MAIL APPLICATION & REQUIRED ENCLOSURES TO:

IAPA AWARDS COMMITTEE Kim Mead, 1003 Gerald Ave. Saint Anne, IL 60964 or kim.mead@gardant.com

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