

NOMINATION APPLICATIONS ACCEPTED JANUARY 1 TO SEPTEMBER 1 FOR THAT YEAR'S AWARD.



## 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 1<sup>st</sup> MAIL APPLICATION & REQUIRED ENCLOSURES TO:**

**IAPA AWARDS COMMITTEE  
Misty Duncan, 2960 Stanton St., Springfield, IL 62703 or  
mduncan@marybryanthome.org**