



## 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](mailto: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.**

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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**