**HEART OF MINNESOTA AWARDS**

*Volunteer of the Year*

**2021**

The **Heart of Minnesota** Volunteer of the Year Award has been established by the Minnesota Association of Healthcare Volunteers to honor a volunteer that is cooperative, supportive, enthusiastic and goes “above & beyond” to enhance the lives of patients, residents, visitors and staff in the facility in which they serve.

***We encourage you to nominate a volunteer for this special award.***

# Eligibility

An active volunteer for a Minnesota Association of Healthcare Volunteers member organization (formerly called HCAM) who demonstrates outstanding service on behalf of patients, residents, and others in their organization.

# Nomination process

Please submit the enclosed nomination form and up to 2 letters of support (no longer than one page each). Letters should consider emphasis on our specific criteria using specific examples when possible. (See attached criteria)

Thank you for your nomination!

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**AWARD CRITERIA**

Please use specific examples to demonstrate how this volunteer represents outstanding service and support to your auxiliary or volunteer program or facility.

On a separate page, in 200 words or less for each of the following criteria, demonstrate how your nominee qualifies for this award. You may also attach up to two letters of support, one page maximum per letter.

A panel of judges that is not directly affiliated with our organization will be judging on content of the nomination letter and letters of support.

***\*\* Please do not include the name of your candidate in the nomination and support letter – instead refer to him/her as your candidate, volunteer etc.***

1. **Commitment to service at a Minnesota Association of Healthcare Volunteers member facility**
2. **Active leadership role within facility or organization**
3. **Participation in Minnesota Association of Healthcare Volunteers activities**
4. **Participation in activities that benefit patients/residents and their quality of care**
5. **Fulfills duties in accordance with the mission and vision statements of the facility**

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**NOMINATION FORM**

Please type or print clearly

Nominee Name Title

Name of hospital/health care facility

Address

City State Zip

Name of person submitting nomination Title

Name of hospital/health care facility

Address

City State Zip

Telephone Email

Submit nomination form and letters of support to:

**Phyllis Ducey** [**Mahv.phyllis@cap-cor.com**](mailto:Mahv.phyllis@cap-cor.com)

**Any questions, you may call or text Phyllis at 218.591.2502**

**Entries must be submitted by July 15, 2021**