
2018 NYSHFA VOLUNTEER OF THE YEAR AWARDS

Nomination Packet

The NYS Health Facilities Association/NYS Center for Assisted Living (NYSHFA/NYSCAL) sponsors an annual Volunteer of the Year award to recognize outstanding volunteers serving in NYSHFA member health care facilities. The winners will be honored at the Association's Awards Ceremony during the NYSHFA/NYSCAL Annual Conference, June 24 - 27, 2018 at the Westchester Hilton in Rye, NY.



**Deadline for Nominations:
January 31, 2018**

NYSHFA

New York State Health Facilities Association

NYSCAL

New York State Center for Assisted Living

Recognizes Outstanding Volunteers in the Health Care Industry

33 Elk Street, Suite 300, Albany, NY 12207-1010
518-462-4800 ext. 23 | Fax: 518-426-4051 | Email: joconnor@nyshfa.org

www.nyshfa.org

2018 VOLUNTEER OF THE YEAR AWARDS



Instructions


Selecting Candidates...

An impartial panel will select Volunteers of the Year in each category, with the announcement made in April. Each NYSHFA member facility may enter a nomination in one or more of the categories. However, each facility may enter only one nomination per category. Each state winner will receive an engraved obelisk and will be invited to attend the Awards Ceremony during the NYSHFA/NYSCAL Annual Conference, June 24 - 27, 2018 at the Westchester Hilton in Rye, NY.

**Deadline for Nominations:
January 31, 2018**

Nomination Criteria

The following criteria apply to all of the "Volunteer of the Year" categories:

- Nominations must be sent to NYSHFA/NYSCAL.
 - Nominations must be received no later than January 31st.
 - Facilities entering nominations must be members in good standing with NYSHFA/NYSCAL.
 - Nominees must have volunteered at least one full year at the nominating facility.
 - Winners in any category may not win in any two consecutive years.
 - Individuals or groups nominated in one category may not also be nominated in a separate category in the same year.
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Eligibility Requirements

While the same rules apply as stated in the “Nomination Criteria” section, each nominee in the following various categories must also comply with the criteria listed below:

I. Young Adult (13-29)

1. Be between 13 through 29 years of age to qualify.
2. If the nominee is a teenager, parental or guardianship information must be included on the nomination form.
3. If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category. The nominees will be recognized as a single entity.
4. See “Nomination Criteria” for other considerations.

II. Adult (30-54)


1. Be between 30 through 54 years of age to qualify.
2. If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category. The nominees will be recognized as a single entity.
3. See “Nomination Criteria” for other considerations.

III. Senior Adult (55+)

1. Be 55 years of age or older at the time of nomination.
2. If a couple is nominated, both must be nominated in the same category and both must meet the nomination criteria for that category. The nominees will be recognized as a single entity.
3. See “Nomination Criteria” for other considerations.

IV. Group, Club or Organization

1. The group, club or organization should be providing not-for-profit services or activities for residents that involve direct involvement with the residents.
2. The group should have acted as volunteers in contributing to the mental, social and emotional well-being of residents. *(However, the activity should not be primarily spiritual in nature. For this activity see the category of “Spiritual Guidance”.)*

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3. A group, club or organization should be involved in some form of activity that requires regular visits to the facility.
 4. A "family" group, couple or non-organized group cannot be nominated in this category.
 5. Though not limited to the following examples, typical groups that would qualify include: social and fraternal clubs; Boy and Girl Scout Troops; garden clubs; schools; or, employee groups.
 6. See "Nomination Criteria" for other considerations.

V. Spiritual Guidance

1. While the same rules apply as stated in the "Nomination Criteria" section, a nominee in this category can be an individual or a group. The activities (he/she/they) perform must be devoted primarily, preferably exclusively, to the religious/spiritual aspects of nursing home residents. This activity must represent willing spiritual comfort for the residents. In order to qualify, the individuals or group need not be "ordained," though it would be preferable that the activities relate to a recognized religion and be under the direct or indirect supervision of an official of a recognized religion.
2. Nominees must be at least 21 years of age.
3. See "Nomination Criteria" for other considerations.

Nomination Form – Essay Guidelines

An essay about your volunteer, "I Make A Difference", MUST accompany the nomination form (enclosed).

In two typewritten pages (8 1/2" x 11" sheets), tell what makes this volunteer or group special. Include ways s/he (or they) helps residents reach their own potential while being guided by the theme of "I Make A Difference." (Refer to your volunteer as "this volunteer" or "these volunteers" if it is a group nomination.)

- Do not identify your facility in the essay.
- Do not use nursing facility stationery/letterhead.
- Do not identify yourself or any facility personnel in the essay.

Mail or fax the completed nomination form and essay to:

Joanne O'Connor, Communications Department
New York State Health Facilities Association
33 Elk Street, Suite 300, Albany, NY 12207-1010
Phone: (518) 462-4800 Ext. 23 | Fax: (518) 426-4051



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Nomination Form

(Nominations must be typewritten or neatly printed.)

This is a nomination for the following category (check only one category per form):

- YOUNG ADULT Age: _____ ADULT Age: _____ SR. ADULT Age: _____
 GROUP SPIRITUAL GUIDANCE (minimum age 21)

Name of Facility _____

Address/Phone _____

Accurate and Full Name of Nominee or Group (*Read Important Note Below):

Contact Person for the "Group" _____

Address/Phone _____

If nominee is a teenager, include the names of parents or guardians below:

Name _____

Address/phone _____

Relationship _____

Nomination Submitted By:

Name/Title _____

Signature _____ Date _____

Facility Administrator:

Name (please print) _____

Signature _____ Date _____

*Please verify the exact name of nominee or group, as it will be used to make certificates, plaques, etc.

Replacement of plaques due to facility errors in spelling, etc. will be the responsibility of the district organization or facility.

Please provide the following information about your nominee for NYSHFA's VOLUNTEER OF THE YEAR AWARD.

DO NOT REFER TO NAME, AGE, SEX, RELIGIOUS AFFILIATION, MARITAL STATUS OF VOLUNTEER, OR NAME OF FACILITY OR CITY IN WHICH S/HE LIVES OR WORKS

(Office Use Only)
ALPHA/NUMERIC CODE

Part I

1. Length of service of volunteer(s): _____ (years)
2. How frequently does the nominee(s) visit the facility? (days per week or monthly) _____
How long is each visit? _____
3. How many hours has the volunteer served in the past 12 months? _____
4. Has this volunteer recruited additional volunteers for your facility?
Yes No About how many? _____

Part II

Select the volunteer's five (5) primary tasks and indicate the percentage of time spent on that task. There does not need to be five tasks, but there cannot be more than five. (Check no more than five boxes.)

- | | |
|--|--|
| <input type="checkbox"/> Friendly Visitor (one-to-one)
Percent of time _____% | <input type="checkbox"/> Arranges or Provides for Spiritual Guidance or Religious Services
Percent of time _____% |
| <input type="checkbox"/> Leads Craft Sessions
Percent of time _____% | <input type="checkbox"/> Entertainer/performs for resident audiences
Percent of time _____% |
| <input type="checkbox"/> Leads Exercise Group
Percent of time _____% | <input type="checkbox"/> Transports Residents
Percent of time _____% |
| <input type="checkbox"/> Provides & Serves Refreshments
Percent of time _____% | <input type="checkbox"/> Makes or repairs items for residents.
Percent of time _____% |
| <input type="checkbox"/> Leads Group Discussions
Percent of time _____% | <input type="checkbox"/> Serves as a Resource to the Activity Director
Percent of time _____% |
| <input type="checkbox"/> Provides Personal Services (shopping, grooming)
Percent of time _____% | <input type="checkbox"/> Other (be specific)
(use separate sheet and follow this format) |

Part III

An essay about your volunteer, "I Make A Difference", MUST accompany this nomination form. See the nomination instructions for the Essay Guidelines.