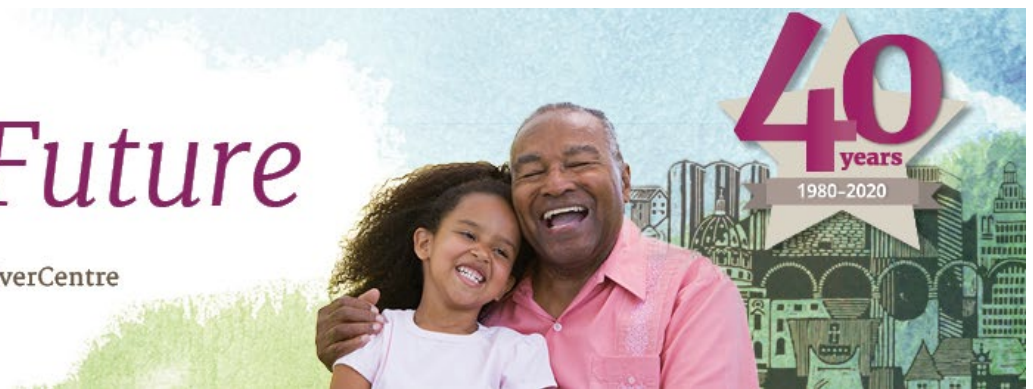


Honoring our Past,  
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MNHPC Annual Conference  
April 5-7, 2020 | Saint Paul RiverCentre



## 2020 Hospice Volunteer Service Award Nomination Form

Category*:	Veteran Volunteer	General Volunteer
<i>*Please note that "Veteran Volunteer" refers to a nominee whose volunteer time is dedicated to an organization's Veteran-to-Veteran or We Honor Veterans program. A volunteer nominated under the category "General Volunteer" may or may not be a veteran him- or herself, however their volunteer service is to hospice patients in general.</i>		
Name of Nominee:		
Hospice Organization & Location:		
Nominated by:		
Nominator Phone Number:		
Nominator Email Address:		

### Criteria for Volunteer Award Nomination:

1. Nominee must be a current volunteer and have at least 3 years of hospice volunteer experience. The volunteer must work directly with patients residing in Minnesota and may serve in other capacities as well.
2. Nominee exemplifies the hospice philosophy and serves as an effective ambassador on behalf of hospice.
3. Nominee has demonstrated exceptional service to hospice.
4. Nominee demonstrates to those with whom he/she works a thorough understanding of the role of the hospice volunteer.

### Instructions:

Please email this form along with a written explanation of why you think this volunteer deserves the 2018 MNHPC Volunteer Service Award to [amy@mnhpc.org](mailto:amy@mnhpc.org) by **Wednesday, March 18<sup>th</sup>, 2020**. Please include the subject line "2019 Volunteer Service Award Nomination."

**Your written explanation should be no more than 1 page typed single spaced (see page 2 of this form) and should address the following:**

- Illustrate his/her qualifications and attributes with examples. For example, instead of, “she is very generous with her time,” tell a story showing how she is generous. Make your story interesting and engaging.
- Describe your nominee’s history and relationship to hospice, including the role and scope of activity. Specify the number of hours served in direct patient care, number of Minnesota patients/families served, and describe other hospice volunteer activities, if applicable.
- Describe the impact your nominee has made in strengthening the hospice program or in the lives of patients/families served.
- Describe how your nominee’s service best reflects the hospice concept.

**OPTIONAL:** You may also include one or two brief letters of support from other hospice team members in a separate attachment.