



IHCA is excited to recognize and honor volunteers who consistently share their time and talents to vulnerable adults who live in nursing homes, assisted living communities and intermediate care facilities. Please honor those individuals by submitting an award application in their name. ***Please note that nominations are only accepted from MEMBER facilities of IHCA who are in Good Standing AND planning to register and attend the 2019 convention.***

Nomination Procedures

Application Form & Application Questionnaire should be filled out by someone having knowledge of the nominee's experience. Provide specific examples of the actions, activities and behaviors of the individual.

Nominations should be sent to us at IHCA using one of the following methods:

Email: monica@idhca.org

Fax: 208-342-6891

Mail: 1524 W. Cayuse Creek Drive, Meridian, ID 83646

The association will acknowledge the receipt (via email) of all nominations.

THE DEADLINE FOR SUBMITTING NOMINATIONS IS MAY 31, 2019.

All nominations must be at the IHCA office by close of business on MAY 31, 2019. The nominator will be notified in mid-June, 2019 if their nominee was selected as the award winner.

Selection Procedures

The Award Selection Committee will review nominations and select the recipient(s). The Award Selection Committee will consist of members of the Convention/Education Committee, IHCA staff, and a guest committee chair.

Award

Award recipients must be able to attend the awards lunch held on July 11. Inability to attend may prompt the committee to choose another qualified candidate, unless extenuating circumstances are noted. If this is the case, please contact us at IHCA, PRIOR to submitting your nomination.

Return the Application Form and Application Questionnaire no later than **MAY 31, 2019** to:

Email: monica@idhca.org; Fax: 208-342-6891

Mail: 1524 W. Cayuse Creek Drive, Meridian, ID 83646



APPLICATION FORM

NOMINEE INFORMATION

NAME: _____

FACILITY NAME: _____

a. YEARS OF SERVICE AS A VOLUNTEER AT YOUR FACILITY (1 YR MINIMUM): _____

b. VOLUNTEER HOURS FROM JUNE 2018 THROUGH MARCH 2019: _____

Will this individual be able to attend the awards lunch held in Boise, Idaho on Thursday, July 11?

Yes No

If "No", please contact us PRIOR to submitting your nomination.

NOMINATED BY

NAME: _____

RELATIONSHIP TO NOMINEE: _____

CONTACT INFORMATION

PHONE #: _____ EMAIL: _____

(MUST include name and contact information of nominator for application to be processed)

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