

NDLTCA Volunteer of the Year Award

Volunteer #: _____
(for NDLTCA use only)

Do you want to thank a healthcare volunteer who changed the lives of those residents in your facility? Nominate that person, or group, for The North Dakota Long Term Care Association (NDLTCA) Volunteer of the Year! At NDLTCA's Annual Convention in Bismarck, NDLTCA will honor volunteers who have made significant contributions to the quality of life of long-term care residents. Following are the requirements for nominations for volunteers of the year.

Volunteer Categories: (all nominees must have served in your facility for at least one year before being nominated!)

Adult: An individual 20 years of age or older. (Adult duos...husband & wife, mother & daughter, father & son...would be nominated as a Group)

All nominees must meet the following eligibility criteria:

- Nominations in each category must be submitted by the first Friday in February. You can email nomination forms to peggy@ndltca.org, or mail them (**postmarked by February 7, 2025**) to NDLTCA, 1900 N. 11th St, Bismarck, ND 58501.
- Candidates for the awards must be nominated by a NDLTCA member facility.
- Volunteers must have served in a member facility for at least one year.
- Volunteer activities must contribute to the emotional, social, and mental well-being of residents.
- If a facility nominated a winning candidate last year, the facility is not eligible to nominate in the same category this year but may nominate in the other categories.

Selection Criteria:

- Volunteer's involvement in activities which demonstrate that the volunteer helps residents realize their potential.
- Volunteer's length and frequency of service.
- Volunteer's role in initiating new programs for residents; and
- Volunteers contacts outside the facility which enhance the image of the long-term care profession.

Recognition of Recipients:

To show volunteer winners how much we, as a profession, appreciate their efforts on behalf of long-term care residents, NDLTCA will make the awards presentations at our convention and will be submitted for the National Award. Details on this process will be sent to the award recipients shortly after they are notified of their selection.

Member Facility Role:

Please encourage your staff to use this opportunity to show their appreciation for the contributions made by long term care volunteers.

Nominations can be submitted to:

Mail to 1900 N. 11th Street, Bismarck, ND 58501 (**postmarked by February 7, 2025**)

E-mail to: peggy@ndltca.org

Please complete the following information:

Please check category:

Group Adult Young Adult Age of Young Adult: _____

Nominee Information:

Name of Nominee: _____ Email: _____

Address: _____ Phone: _____

Nominator Information:

Nominating Facility: _____ Number of Beds: _____

Contact Person/Title: _____ Email: _____

Address: _____ Phone: _____

Service Information:

Length of volunteer service at your center (years): _____

Frequency of service (hours per visit): _____

Frequency of service (visits per month): _____

Short Answer: 50 words or less

Describe what types of projects and/or activities the Nominee does or has developed in your facility:

Describe how the Nominee's work supports the mission of the center:

Describe the Nominee's unique contributions to the residents:

Anything else you would like us to know about your nominee?