



NOMINATION CRITERIA

**REGIONAL NOMINATION FORM**

All nominations must be received by \_\_\_\_\_ (date) \_\_\_\_\_

Nominee's Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**\*\*Person Nominating** \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

What is your relationship to the nominee? \_\_\_\_\_

**Award Category (check one)**

\_\_\_\_\_ Family Caregiver Award

\_\_\_\_\_ Professional Caregiver Award

\_\_\_\_\_ Volunteer Caregiver Award

**Please answer the following on a separate sheet (500 words or less)**

Give a brief description of how the nominee meets the criteria for the award.

Please cite three (3) examples of how the nominee has gone "above and beyond the call of duty" in demonstrating direct service care, compassion and resourcefulness in caregiving skills.

Submit the nomination form and essay by \_\_\_\_\_ to:

Local Care-net information  
will be listed here with address, phone #  
and e-mail address of Regional CARE-NET