

2015 HAVE Awards

HAVE Nomination Questions

Before you get started, we recommend that you review the required information to familiarize yourself with the full scope of the online application. It would be helpful to complete your answers in Word format, and then cut and paste the information into the online nomination form. Once information is entered in the online application, it may not be edited. **FINALIZE YOUR RESPONSES IN A WORD DOCUMENT FIRST.** All entries must be submitted by 4:30 p.m. PDT on September 26, 2014. **NO PAPER COPIES WILL BE ACCEPTED.**

1. Staff person submitting the nomination form.

- Name
- Title
- Hospital/System
- Address
- City
- State
- Zip
- Email
- Telephone

2. Name of Volunteer Program.

3. Program Category. (Select one of the four program categories)

- **Community Service** – programs that assisted a health care organization in the design and delivery of services or programs of measurable impact to the wellbeing of individuals and/or the community.
- **Fundraising** – programs that designed and implemented an innovative approach to fundraising that benefited the health care organization or the community.
- **In-Service** – programs that designed and implemented innovative services to address needs or challenges within the health care organization.
- **Community Outreach and/or Collaboration** – programs that designed and implemented an innovative approach with external partners to address needs or challenges within the health care organization or the community.

4. Provide the date the program was implemented. (Minimum of one year required.)

5. Provide a brief description of the program, including its goals and outcomes. (600 words maximum)

6. Describe the role of volunteers in planning, developing, implementing and maintaining the program.

(400 words maximum)

7. Describe how this program is unique and/or innovative. (400 words maximum)

8. Describe how the program benefits recipients, the health care organization and/or the community. (400 words maximum)

9. Chief Executive Officer of the nominated hospital/system.

- Name
- Title
- Email
- Telephone

10. Checked box confirms that your CEO supports the submission of the nominated program. (Nomination will not be processed without CEO's support.)

11. Administrative Assistant to the CEO.

- Name
- Title
- Email
- Telephone

12. Name of the volunteer or auxilian who will be representing the program at the AHA Annual Meeting on May 4, 2015.

- Name
- Title
- Home Address, City, State, Zip
- Email
- Telephone

13. Volunteer Service Professional/Manager.

- Name
- Title
- Email
- Telephone