**The BCHPCA Volunteer Award**

**2019**

**NOMINATION FORM**

*Please complete this form, obtain the nominee’s signature representing consent*

*Attach an electronic photo and submit to:*

*BC Hospice Palliative Care Association*

*Suite 1100-1200 West 73rd Avenue*

*Vancouver, BC, V6P 6G5*

*Fax: 604-267-7026*

*Email:* [*office@bchpca.org*](mailto:office@bchpca.org)

**Nominee Information:** must be affiliated with an active (Organizational) member of BCHPCA, in good standing, at the time of nomination.

Name:

Address:

City/Town/Postal Code:

Telephone Number: Home: Work:

E-mail:

Signature:

**Nominator information:** at least one of the following three must be an Active Individual Member in good standing or the Designated Representative of an Active Member in good standing, or an Honorary Member of BCHPCA at time of nomination.

Name:

Address:

City/Town/Postal Code:

Telephone Number: Home: Work:

E-mail:

Signature:

BCHPCA member: Yes  No

**This nomination is supported by the following two (2) additional individuals**

Name:

Address:

City/Town/Postal Code:

Telephone Number: Home: Work:

E-mail:

Signature:

BCHPCA member: Yes  No

Name:

Address:

City/Town/Postal Code:

Telephone Number: Home: Work:

E-mail:

Signature:

BCHPCA member: Yes  No

**Submission deadline April 12, 2019**

**Please note that submissions become the property of BCHPCA and will not be returned.**

The BCHPCA Volunteer Award

2019

NOMINATION FORM

**Please complete the following:**

1. Number of years nominee has been involved in hospice palliative care

2. Number of volunteer hours contributed by the nominee in the past year (Jan 1 – Dec 31/18)

3. List all relevant hospice palliative care organizations, positions and volunteer services the nominee has participated in: ­ (please include a time line)

**(List in Point Form)**

-

-

-

-

-

-

-

-

4. List three (3) unselfish acts of service related to volunteer work in hospice palliative care performed by the nominee.

-

-

-

5. List three (3) ways the quality of life for persons and families facing life threatening illness and bereavement in their community/province has been impacted by the nominee’s volunteer work.

-

-

-

6. List specific examples of how the nominee has inspired, encouraged and mentored others to volunteer in hospice palliative care. **(List in Point Form)**

-

-

-

7. Provide examples of how the nominee has demonstrated his/her dedication to expanding the program/services provided **(List in Point Form)**

-

-

-

8. List examples of contributions the nominee has made in advocating for and advancing hospice palliative care locally, provincially and beyond. **(List in Point Form)**

-

-

-

9. Describe how the nominee demonstrates the value of volunteerism.