



National Association of Activity Professionals

Email: Office@naap.info

Website: www.naap.info

Award Recommendation Form

Volunteer or Junior Volunteer of the Year

Indicate with an "X", which award this recommendation is for:

_____ Junior Volunteer

_____ Volunteer

Please respond to **all** of the following on a separate sheet(s) of paper in a **typed** format. Include the statements/questions at the beginning of your response. You **must** follow this format to be eligible.

1. Number of years of volunteer service _____
2. Describe how this individual demonstrates commitment to volunteerism. Include examples of: office work for the activity department; orientations and/or recruiting of new volunteers for the activity program; level of involvement with residents and activities, e.g., transporting, assisting with groups, one to one visits, leading groups independent of the activity staff, etc.
3. Describe the individual's uniqueness of service, e.g., does what is assigned; seeks additional volunteer roles; does "little extras" for the residents and/or staff; offers ideas for improvement of the volunteer program; establishes new programs, etc.
4. List and describe the individual's outstanding qualities. Include examples of: ways the individual brings "fun" to the residents' lives/improves residents quality of life; demonstrates consideration and concern for the well-being of others; going the "extra mile;" can be counted on when needed and/or wherever there is a need; exhibits leadership skills; demonstrates consistency and responsibility in carrying out his or her volunteer duties.
5. List other awards or special recognition the individual has received throughout his or her career.
6. **DO NOT include any identifying information on this form, e.g., name, facility, state, association name(s), etc. (Points will be deducted in scoring)** In your own words, describe why you feel the individual stands out and is deserving of this award. Cite examples of: ways the individual has enhanced the quality of life for residents; successful activity program(s) the individual has instituted and continues to carry out; and successful activities implemented for low-functioning residents.

Please sign and date this form giving your permission to make copies of all documents for the NAAP Awards Committee to review. Attach this form to the front of the document being submitted.

Signature: _____ Date: _____