



Annual Hospice Awards Program Nomination Form

Please complete this form, attach the required materials and send to Hospice by
April 1st

Hospice Greater Saint John
385 Dufferin Row * Saint John, NB E2M 2J9
Tel: 632-5593 Fax: 632-5592
E-mail: info@hospicesj.ca

Name of Person Being Nominated: _____

Address: _____

Phone: _____

Please note: The ultimate award is the Heart of Hospice Award. If your candidate has already won the Heart of Hospice Award, they are not eligible for any additional awards.

Award Being Nominated for:

- Service Award (circle one) 5 10 15 20 25 30
- Excellence Award - Family Service
- Excellence Award - Organizational Support
- Excellence in Teamwork Award
- Rookie Award
- Hospice Champion of the Year Award
- Jim Bowes Volunteer of the Year Award
- Heart of Hospice Award

On a separate piece of paper, please provide a description of the nominee's service and contributions to Hospice that qualifies them for this award. Include such information as:

- your nominee's history and relationship to Hospice
- the impact your nominee has made in supporting Hospice
- general comments about your nominee's character and sense of volunteerism
- why your nominee is a deserving candidate for this award

Name of Nominator (your name): _____

Address: _____

Phone: _____

E-mail: _____