

**2018 EVELYN BURSTON AWARD NOMINATION FORM**

I wish to nominate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (Last, First, Middle Initial) Title (if known)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare Organization Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare Organization Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name Supervisor Email Supervisor Phone

**On a separate document please state why you believe this candidate’s professional**

**and personal achievements qualify him/her to receive the Evelyn Burston Award.**

**Please be as thorough as possible in your recommendation and include the**

**categories from the criteria guide.**

Name of person submitting this nomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMINATION DEADLINE March 30, 2018.** Complete, scan or email paper form to burstonaward@gmail.com or mail paper form to:

Karla Bachl, CAVS

2014 Evelyn Burston Award Recipient, President PAHVRP

Director of Volunteer Services

Lehigh Valley Health Network

1200 S Cedar Crest Blvd

Allentown, PA 18103

W: 610-402-8897 | F: 610-402-1035

**2018 EVELYN BURSTON AWARD**

**Nominee Criteria Guide**

Please use this guide when completing the Nominee Profile. The PSDVS/PAHVRP Evelyn Burston Committee will use the following information when reviewing each candidate’s profile. Please be as thorough as possible.

|  |
| --- |
| **Society Involvement**  Does the candidate attend chapter meetings? Has he/she recognized the responsibility to actively contribute to the success of the organization on a local, state and/or national level? Has he/she served on committee? |
| **Programs/ Projects**  Does the candidate look for innovative ways to expand services? Have new services/programs been added in the last five years? Are new programs outcomes based? Were programs developed to meet critical needs or enhance patient care? |
| **Institutional Involvement/Impact**  Is the candidate visible in the hospital organization? Has the candidate agreed to take on new responsibilities and challenges?  What did committees on which the candidate served accomplish? |
| **Education**  Consider academic degrees as well as continuing education.  Is the candidate keeping current in the field? Is she/ he sharing knowledge with others? Is the candidate seen as a role model or mentor? |
| **Presentations/ Publications**  Has the candidate presented any programs on a subject related to volunteer management to other non-profits, community groups, or at chapter, state or national meetings? Has he/she submitted articles to AVHRP, PAHVRP or a local publication on a topic related to volunteer management? |
| **Community Involvement/Impact**  Is the candidate involved in the community? Does he/she demonstrate a belief in the value of volunteerism by a personal commitment? What was accomplished by the group/committee? |
| **Other**  Has the candidate received recognition by another group?  Has he/she overcome personal or professional challenges? |

Revised 3/11; Reviewed 3/13; 3/14; 3/15; 2/16, 2/18