



OUTSTANDING VOLUNTEER OF THE YEAR AWARD

Nominate a volunteer for the Outstanding Volunteer of the Year Award:

The **Outstanding Volunteer of the Year Award** is an award that recognizes and celebrates volunteers who have gone above and beyond for the betterment of Columbus Community Hospital and its patients, patients' families, visitors, departments and/or staff. We recognize one of our volunteers with this special honor each year.

Who is eligible for the Outstanding Volunteer of the Year Award?

Any current Columbus Community Hospital volunteer who has made a significant impact on a department, patient, patient's family or the delivery of patient care at Columbus Community Hospital as a result of his or her volunteer service.

Who can submit a nomination?

Nominations can be submitted by patients, patients' families, visitors, nurses, physicians, CCH staff and volunteers are welcome to nominate a deserving volunteer.

How do I nominate a volunteer?

If you would like to nominate a CCH volunteer for the **Outstanding Volunteer of the Year Award**, simply fill out a nomination form below and tell us how the volunteer has made an extraordinary impact. Return the form to Angie Ramaekers by email (adramaeker@columbushosp.org) or send through interoffice mail or by mail to Columbus Community Hospital, Attn: Volunteer & Guest Services.

How are winners recognized?

A surprise announcement is made as a part of the annual volunteer recognition event, "Celebrating Service," which is held in April of each year, in conjunction with National Healthcare Volunteer Recognition Week. The person(s) who nominated the honoree will also be invited to attend and participate in the celebration. Nominations that are received after the winner is chosen for that year will go toward the next Outstanding Volunteer of the Year Award.

Contact Us:

Columbus Community Hospital Volunteer & Guest Services
4600 38th Street • Columbus, NE 68601
402-562-3365 • cchvolunteers@columbushosp.org

OUTSTANDING VOLUNTEER OF THE YEAR AWARD - NOMINATION FORM

Name of Volunteer: _____ Date: _____

I am a (circle one): patient patient's family visitor nurse/staff MD volunteer

Your Name: _____ Your Phone Number: _____

Tell Us Your Story: _____

Use attached paper if necessary.

Submit form to: adramaeker@columbushosp.org or through interoffice mail or by mail to CCH, Attn: Volunteer & Guest Services.