



2015 VOLUNTEER OF THE YEAR AWARD NOMINATION FORM

*"The mission of Project Compassion, Inc is to bring joy, companionship
and quality of life to Residents in Long Term Care and Retirement Facilities."*

CRITERIA:

- ❖ Must be an active Project Compassion Volunteer for a **minimum of 3 years**
- ❖ Consistently visits one-to-one and/or assists with group activities (Bingo, Birthday Parties, etc.)
- ❖ Enthusiastically promotes the mission of Project Compassion
- ❖ Assists with volunteer recruitment and welcomes new volunteers at the nursing home
- ❖ Submits volunteer hours monthly

Nominee: _____

Facility: _____ **Years as Volunteer:** _____

Nominator's Name: _____ **Phone:** _____ **Email:** _____

Please provide a statement about the nominee, how they contribute to enhancing the quality of life of nursing home residents, and why they should be recognized by Project Compassion:

**Recipient will be announced at the Mayor's Volunteer Appreciation Luncheon Thursday, April 23, 2015.*

NOMINATIONS DUE THURSDAY, APRIL 2, 2015

Please Return Form to:

Project Compassion, Inc.

1205 South Albert Pike

Fort Smith, AR 72903

Email: director@projectcompassioninc.com

Fax: 479-783-1849