

WRAP AWARD of Excellence
Activity Professional of the Year

Packet Includes:

1. Application for Nominations
2. Criteria for Nominations
3. WRAP Photo Release Form

Criteria for Nomination for WRAP Activity Professional Award of Excellence – Activity Professional

This award will be presented for outstanding contribution to the field of activities by a WRAP member, highlighting their contributions to the health and therapeutic care that exemplifies an activity professional's dedication and service. This being demonstrated by accomplishments at their facility/agency: and their leadership in local, state and national activity associations.

The person nominated must meet the following qualifications:

1. Be a current member of WRAP.
2. Must have worked a minimum of 3 years in the activity field and is presently fulfilling that obligation in a facility/agency.
3. Must be nominated by their local region. (This nominee does not have to be an activity director, they may be an exceptional activity professional involved in your regional group or working on the WRAP board.)

Policy on Nomination Form

1. Each applicant will complete a nomination packet and submit all information indicated on the nomination form by May 1st to the Awards Chairperson.
2. Any additional materials not requested will not be considered in the review process.
3. Two letters of recommendation are needed. One from the local regional group and one from the Administrator/Executive Director of the facility/agency.

Policy on NAAP Nominations for Activity Award of Excellence:

1. The WRAP Activity Professional Award winner will be an automatic nominee for the NAAP Award of Excellence.
2. The application will be obtained by the Awards Chair and forwarded to the winner for completion.
3. In the event the WRAP winner is named the NAAP award winner; WRAP would pay for the winner to attend up to \$800.00. This can be used for just the winner's transportation, motel, and meal expenses only.

Award Winner receives:

1. WRAP membership for the next year.
2. WRAP Conference fee for the next year's conference
3. NAAP membership for the next year.
4. Framed certificate.
5. Plaque
6. Gift certificates offered by sponsoring companies.

All nominees receive:

1. Framed Certificate
2. Banquet meal if not attending the conference.

Nomination Form
Award of Excellence 1
WRAP Activity Professional of the Year Award

Name of Nominee: _____

Facility/Agency _____

Currently working in: _____

Facility/ Agency Address: _____

Worked in activity field minimum of 3 years: ____yes ____no

Local regional member of and nominating region: _____

WRAP membership # and expiration date: _____

WRAP Nominator's telephone or e-mail: _____

NAAP member: ____yes ____no expiration date: _____

Please submit and attach the following:

1. Personal biography that includes the following not to exceed THREE pages.
 - education
 - job experience
 - office/committees held
 - associations memberships
 - in-services/workshops presented in the past year
 - outstanding accomplishments in the field of activities
 - how improved/promoted the field of activities
 - quality assurance project your department was involved in past year
2. Letter of recommendation from the Nominating regional group.
3. Letter of recommendation from the Administrator/Executive Director of facility/agency
4. 4X6 picture. Please no instant pictures or computer – must be photo label quality. Photo will be used for display board/public relations. Photo will not be returned. (Photo may be e-mailed to the Awards Chair, Patty Morter pmorter@good-sam.com)
5. Signed photograph release form.

All nominations must be submitted with a postage date of May 1st. or early to the Awards Chairperson.

Please submit requested material only. All other information will not be used in scoring. (Example: news articles, newspaper photos, etc...)

Presentation of the material will be used in scoring all entries. All identifying information will be blacked out prior to review by judges.

Name and Address of Local Newspaper: _____

WRAP
Photo and Media Release

I give the Wisconsin Representative of Activity Professionals (WRAP) permission to publish in print, electronic or video format my likeness or image. I release all claims against WRAP with respect to copyright ownership and publication including any claim for compensation related to the materials.

I acknowledge WRAP's right to crop or treat the photograph at its discretion. WRAP reserves the right to discontinue use of any photograph(s) without notice.

I also understand that once my image is posted on the WRAP Website, the image can be downloaded by any computer user. Therefore, I agree to hold harmless WRAP and any representative thereof from any claims out of the use of my photograph.

This authorization and release covers the use of said material in any published form and any medium of advertising or publicity for ten years from the date of this release.

Name of Person (please print): _____

Signature: _____

Date: _____ I confirm that I am 18 years of age or older.

If Needed:

As the (please check appropriate box): Power of Attorney Legal Guardian Parent of the person named above, I accept the provisions of this release.

Name: _____

Please Print

Signature: _____

Address: _____

City

State

Zip

Phone Number: _____

Date: _____

Witnessed by Person Submitting Photo: _____

Please Print

Signature: _____

Address: _____

City

State

Zip

Phone Number: _____

Date: _____

