

WRAP Award of Excellence
Activity Assistant of the Year

Packet Includes:

1. Activity Assistant Nomination Form
2. Activity Assistant Nomination Criteria
3. WRAP Media & Photo Release Form

Criteria for Nominations for WRAP Activity Professional Award of Excellence –Activity Assistant of the Year

This award will be presented for outstanding contributions to the field of activities by a WRAP member, which enhances the quality of life for those residents in their facility.

The person nominated must meet the following qualifications:

1. Be a current member of WRAP.
2. Must have worked a minimum of 2 years in the activity field and is presently fulfilling that obligation in a facility/agency.
3. Must be nominated by their direct supervisor.

Policy on Nomination Form

1. Each applicant will complete a nomination packet and submit all information indicated on the nomination forms 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 direct supervisor and one from the Administrator/Executive Director of the facility/agency.

Award Winner receives:

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

All nominees receive:

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

01/12/2011

Nominations Form
WRAP Activity Assistant of the Year

Name of Nominee: _____

Facility/Agency currently working:

Facility/Agency Address: _____

Worked in activity field minimum of 2 years _____yes_____no

Name of Direct Supervisor who is submitting the nomination:

WRAP membership# and expiration date: _____

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
 - offices held
 - How has this person enhanced the quality of life for the residents?
 - Describe one successful activity this nominee has facilitated in the past year.
 - Describe one successful low level program initiated by this nominee in the past year.
2. Letter of recommendation from the direct supervisor.
3. Letter of recommendation from the Administrator/Executive Director of the facility/agency.
4. 4x6 photo of the nominee and direct supervisor. No instant pictures – must be label quality. (Photo will be used for display board/public relations. Photo will not be returned.
5. Signed photograph release form for both individuals.

All nominations must be submitted with a postage date of May 1st or earlier 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: _____

03/2010