

## **WRAP “Beyond Care Giving Award”**

Packet Includes:

1. Beyond Care Giving Nomination Form
2. Criteria for Beyond Care Giving
3. WRAP Media & Photo Release Form

## **Criteria for Nominations for WRAP “Beyond Care Giving Award”**

This award will be presented to a C.N.A. working in a community for going above and beyond, providing outstanding and exceptional support to the activity team, with contributions to improve and enhance the resident’s quality of life. The nominator should elaborate on how this individual collaborates with the activity team to provide meaningful activities and opportunities for residents. The nominee should help to provide a holistic approach to meeting peoples’ needs, body, mind and spirit with each interaction. The nominator should provide examples of how this individual provides individualized care and how they work with the activity team.

The person nominated must meet the following qualifications:

1. Must be an employee at your center for a minimum of two years.
2. Must show leadership skills in the area of person centered care, valuing choice, providing dignity and respect and encouraging self-determination and purpose in the lives of the residents in your home.
3. Should have a mentoring or leadership position in your center.
4. Must be nominated by an individual WRAP member.

Policy on Nomination Form:

1. Each applicant will complete a nomination packet and submit all information indicated on the nomination form by May 1<sup>st</sup> 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 Administrator/Executive Director or direct supervisor and one letter from the Activity Director (nominator).

### **Award Winner Receives:**

1. a plaque
2. Banquet meal for winner and a guest.
3. Banquet meal for nominee (if not attending the WRAP Conference).

### **All Nominees receive:**

1. A Certificate

**Nominations Form**  
**WRAP Beyond Care Giving Award**

Name of Nominee (individual or group) \_\_\_\_\_

Facility/Agency: \_\_\_\_\_

Facility/Agency Address: \_\_\_\_\_

Facility/Agency Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Facility's WRAP member: \_\_\_\_\_

WRAP member nominating: \_\_\_\_\_

Nominator's telephone #: \_\_\_\_\_

Nominator of facility WRAP member has NAAP membership: \_\_\_\_\_yes \_\_\_\_\_no

Expiration date: \_\_\_\_\_ # of Years Nominee has worked in facility \_\_\_\_\_

**Please submit and attach the following:**

- 1. A description by nominator of the activity oriented services this nominee makes to the residents of the facility. It can include any uniqueness of the service or any other pertinent characteristics of the nominee. Limit to 300 words or less.**
- 2. Letter of recommendation from the Administrator/Executive Director of the facility.**
- 3. Letter of recommendation from the Activity Director.**
- 4. 4x6 picture with the WRAP member(s) doing the nominating. Please on instant pictures or computer – must photo label quality. Photo will be used for display boards/public relations. Photo will not be returned.**
- 5. Signed photograph release form for each person in the photograph. Make photo copies of the form as necessary.**

All nominations must be submitted with a postage date of May 1<sup>st</sup> 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 the judges.

Name and Address of your 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

### Award of Merit

Criteria: An Individual, company or organization that has demonstrated significant effort and commitment to furthering the goals of WRAP and the Activity Profession. Define exceptional support of WRAP. Examples: Dedicated service equaling 7 or more years of service on the WRAP board, WRAP committees, volunteering for WRAP as an individual, company or organization. Monetary or in kind donation/support (this could be ventures/affiliations/partnerships/ exchange of services. Any nomination should encompass support and promotion of the field of activities and WRAP.

Letter written of recommendation to the Awards Chair or President prior to May 1<sup>st</sup>. Discussion by the WRAP board and a vote is required.

This award is only given out once to the recipient.

Revised: 01/15/2011