



Wisconsin Representatives of Activity Professionals  
P.O. Box 1073, Eau Claire, Wisconsin 54702-1073

Dear WRAP Members;

Enclosed in this folder are the nomination forms for  
Activity Professional Award of Excellence – Level I  
Activity Professional Award of Excellence – Level II  
Administrator of the Year Award  
Volunteer of the Year Award

Please make copies when sharing with your fellow WRAP members and save one for your record.

When nominator or nominee is filling out the papers please review each step of the process and make sure each area is completed legibly, especially the area that is bolded on the form. Please be sure to fill out your personal biography and share information regarding your accomplishments caring for the elders. If you have any questions or need some tips on writing a letter of recommendation please feel free to contact me:

Patty Morter, ADC  
Good Samaritan Society – Lodi  
700 Clark Street  
Lodi, WI 53555  
608-592-6731  
[pmorter@good-sam.com](mailto:pmorter@good-sam.com)

Sincerely,

Patty Morter, ADC  
2010 WRAP Awards Chair

**Nomination Form**  
**WRAP Activity Professional of the Year Award – Level I**

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](mailto:pmorter@good-sam.com))
5. Signed photograph release form.

All nominations must be submitted with a postage date of May 1<sup>st</sup>. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Criteria for Nomination for WRAP Activity Professional Award of Excellence – Level I**

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.

### 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 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.

# WRAP

## Photograph Release Form

I hereby give permission for WRAP to use  
photograph of myself

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For publicity purposes connected with WRAP.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Nominations Form**  
**WRAP Activity Professional of the Year Award – Level II**

Name of Nominee: \_\_\_\_\_

Facility/Agency currently working:

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Facility/Agency Address:

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Worked in activity field minimum of 2 years \_\_\_\_\_yes \_\_\_\_\_no

Name of Direct Supervisor who is submitting the nomination:

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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 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 judges.

Name and Address of Local Newspaper:

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## **Criteria for Nominations for WRAP Activity Professional Award of Excellence – Level II**

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. De 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 1<sup>st</sup> to the Awards Chairperson.
2. Any additional materials not requested will not be considered in the review process.
3. Tow 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.

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Nominations Form  
WRAP Volunteer of the Year 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: \_\_\_\_\_

**Please submit and attach the following:**

- 1. A description by nominee of the activity oriented service the volunteer 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 facility Resident Council.**
- 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: \_\_\_\_\_

\_\_\_\_\_

## **Criteria for Nominations for WRAP Volunteer of the Year Award**

This award will be presented to the person or a group engaging in regular unpaid volunteer, activity oriented, service within a facility or agency of which a WRAP member is employed. The person or group nominated must meet the following qualifications:

1. Must be engaged in regular unpaid volunteer, activity – oriented service.
2. Facility or agency where the volunteerism is occurring must have a WRAP member employed.
3. 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 of the facility and one from the Resident Council.

## **Policy on NAAP Nomination for Volunteer of the Year**

1. The WRAP Volunteer of the Year winner will be an automatic nominee from the NAAP Volunteer of the Year.
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 or what is set in that year's budget. This can be used for just the winner's transportation, motel and meal expenses only.
4. The nominator has to be or become a NAAP member r/t NAAP Criteria.

## **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).
4. NAAP membership to the nominator of the Volunteer of the Year to assist in nominating at the NAAP level.

## **All Nominees receive:**

1. A Certificate

# WRAP

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For publicity purposes connected with WRAP.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Nomination Form**  
**WRAP Administrator of the Year Award**

Name of Nominee: \_\_\_\_\_

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

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

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

WRAP member # and expiration date: \_\_\_\_\_

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

WRAP membership # and expiration date: \_\_\_\_\_

WRAP Nominator's Telephone: \_\_\_\_\_

WRAP Nominator's e-mail: \_\_\_\_\_

FAX #: \_\_\_\_\_

Nominator of facility WRAP member a NAAP member \_\_\_\_yes\_\_\_\_no

Expiration date: \_\_\_\_\_

Please submit and attach the following:

1. A description in 500 words or less of the significant support of activities and the activity professional in the facility.
2. Letter of recommendation from the Resident Council.
3. 4x6 picture with the WRAP member(s) doing the nominating. Please on instant pictures – must be photo label quality. Photo will be used for display boards/public relations. Photo will not be returned.
4. Signed photograph release form for each person in the photograph. Make 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 judges.

Name and Address of your Local Newspaper:

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## **Criteria for Nominations for WRAP Administrator of the Year Award**

This award will be presented to an administrator who has consistently given significant support to the advancement of therapeutic activities within a facility of which a WRAP member is the activity professional and has shown significant support to the WRAP activity professional in their contribution to the health and therapeutic care of the residents of the facility. Also has supported their role in local, state and national activity professional associations, continuing education and professionalism.

The person nominated must meet the following qualifications:

1. The person nominated must be from a facility which a WRAP member is activity professional.
2. Must be nominated by their individual WRAP member.
3. The person nominated must show support of the activity profession.

### Policy on Nomination Form

1. Each applicant will complete a nomination form and submit all information indicated on the nomination form by May 1<sup>st</sup> to the WRAP Awards Chairperson.
2. Any additional materials not requested will not be considered in the review process.
3. Letter of recommendation from the facility Resident Council.

### Policy on NAAP Nominations for Administrator of the Year

1. The WRAP Administrator of the Year winner will be an automatic nominee for the NAAP Administrator of the Year.
2. The Application will be obtained by the Awards Chair and forwarded to the WRAP member nominating 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 or what is set in the Year's budget. This is for transportation, motel and meal expenses only.

### Award Winner Receives:

1. A plaque
2. Banquet meal for the winner and a guest.
3. Banquet meal for the WRAP member nominating if not attending the WRAP conference.
4. NAAP membership to the nominator of the Administrator of the Year to assist in nomination at the NAAP level.

# WRAP

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For publicity purposes connected with WRAP.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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