

WRAP Volunteer of the Year Award

Packet includes:

1. Nomination Form
2. Criteria for Nomination of Volunteer
3. WRAP Media & Photo Release form

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 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 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

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 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 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: _____

3/2010