



2011 Inspiring Caregiver Awards

Wednesday, April 20, 2011 – 6:00 p.m. – Greater Waldorf Jaycees Community Center

Nomination Form

PLEASE CHOOSE ONE CATEGORY FOR THIS NOMINATION

(This form may be photocopied for multiple nominations – One form per nomination must be included)

Family/Friend/Volunteer Caregiver Professional Caregiver Enduring Caregiver *(10+ years of care giving)*

DEADLINE: Must be postmarked and/or received no later than Saturday, March 19, 2011

Guidelines for Inspiring Caregiver Awards –

- To be eligible, the nominee must be an employed or volunteer caregiver who currently/previously works/worked directly with Alzheimer's or dementia patients in Southern Maryland which includes: Calvert County, Charles County, St. Mary's County and Prince George's County.
- Please be sure to provide the name of the organization for which the individual works, (if applicable) and include the complete address, email and phone number.
- Materials cannot be returned. Please include any supporting materials such as: articles, publications that refer to the individual or any pertinent information that supports your nomination.

Nominator Information

Your Name _____

Your Mailing Address _____

City, State, Zip _____

Your phone number _____ Your email _____

How did you hear about the *Inspiring Caregiver Awards*? _____

Nominee Information

Nominee Name _____

Nominee Mailing Address _____

City, State, Zip _____

Nominee phone number _____ Nominee email _____

Description of your experience with the nominee

You *must* attach a short essay (250 words or more) to this nomination form and indicate how you know the nominee and why they should receive an Inspiring Caregiver Award. Please include any actions or instances where the nominee demonstrated inspiring care. (You *may* also attach any background information about your nominee, including biographical information, articles, videos, etc. relevant to the nominee's inspiring care giving; although these attachments are not necessary to be considered for an award.) Be sure to include this nomination form with the essay.

Supporters of Nominee

Please include the names and contact information for at least two people who have agreed to support this nominee. (See reverse side of this nomination form for details, both sides of this form must be completed)

Please note: Do not submit incomplete nomination forms; only completed nominations will be reviewed.

alzheimer's association®

Supporters of Nominee (continued)

- You may list professional colleagues, current or former patients, or anyone else who can attest to the nominee's inspiring care giving.
- You should contact both supporters *prior* to submitting their names on this nomination form, but you do not need to submit their letters with this form. The Alzheimer's Association will follow-up with them.
- Anyone interested in supporting the nomination may send letters directly to the Alzheimer's Association, or email to *linda.gottfried@alz.org*, clearly indicating who he/she is supporting.

Supporter #1 Information

Supporter's Name _____
Organization Name (if applicable) _____
Mailing Address _____
City, State, Zip _____
Work Phone _____ Home Phone _____ Email _____

Brief description of how Supporter #1 knows the nominee

Supporter #2 Information

Supporter's Name _____
Organization Name (if applicable) _____
Mailing Address _____
City, State, Zip _____
Work Phone _____ Home Phone _____ Email _____

Brief description of how Supporter #2 knows the nominee

Please mail this completed nomination to:

Alzheimer's Association National Capital Area Chapter
Southern Maryland Office
PO Box 1889
La Plata, MD 20646

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If you have any questions, please call Linda Gottfried at 301-934-5856
or email *linda.gottfried@alz.org*