



Outstanding Caregiver Nomination Form

The last thing any of us want is to become dependent on others. But, when it happens, we want someone who can make us laugh, someone who doesn't make us feel embarrassed or ashamed when we can no longer take care of ourselves. We want to pay tribute to the heroes in our community who give so much of themselves. Please take the time to nominate and honor a special caregiver.

The 10th Annual Caregiver Recognition Dinner will be on Thursday, November 4, 2010, will be held at Olympics West Retirement Inn from 6:30 PM to 9:00 PM to honor Outstanding caregivers who work with seniors.

Please, one nomination per form. You may copy this blank form if you have more than one nominee or call for additional forms. Please fill out this form as completely and legibly as possible and mail it to Senior Action Network, Caregiver Recognition Committee, PO Box 12212, Olympia, WA 98508. Nomination forms **MUST** be received by 5:00 PM, Friday, October 1, 2010. If you have any questions call, Carol Shawver @ 360-943-9900 or Cyndi Lounsbury @ 360-528-8726. Thank you for your nomination.

Nominee / Honoree Contact Information:

Name: _____

Address: _____

Phone: _____

Best time of day to call: _____

Please check one of the following:

Unpaid Caregiver Categories:

Youth Caregiver _____

Volunteer Caregiver (where does this person volunteer): _____

Family Caregiver: _____

Paid Caregiver Categories:

In-home based (name of employer): _____

Facility-based (name of facility): _____

Adult Family Home-based (name of Adult Family Home): _____

Please continue on other side
