

2nd Annual Moore County CAREGIVER AWARDS

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NOMINATION FORM

Honor the people who make your life easier, better and longer. Day after day in the life of older adults, there are people who work and sacrifice to make sure that each senior has an opportunity to have a better quality of life. Now is the time to make sure those people finally get the recognition that they deserve. Nominations are open to the Moore County community. Simply download the nomination form at agingoutreachservices.com and fax, e-mail or mail the completed form to:

Caregiver Awards c/o Moore Registry, P.O. Box 2478, Southern Pines, NC 28388
Fax: 910-692-4436 or e-mail to mooreregistry@connectnc.com

NOMINATION DEADLINE IS: Friday, September 9, 2011

The Winner & Finalists will be featured in the November Issue of *OutreachNC*

A selection committee of community peers will review all nominees and announce the three finalists at the caregiver appreciation reception/ceremony, October 28, 2011. The finalists will win a makeover and photo shoot to be featured in the November issue of *OutreachNC*. All nominees will be honored at the reception.

*** NOMINATION GUIDELINES***

1. To be eligible for the award, the nominated person must be working or volunteering on a regular basis with senior adults in Moore County.
2. All nominators must complete the nomination form and attach an essay describing why this nominee deserves the award.

NOTE: Portions of the essay may be published in the November issue of *OutreachNC*

3. All nominations must be **received** by **September 9, 2011**.
4. Once the nomination has been received, you will be mailed/emailed a confirmation of receipt. It is your responsibility to notify the person you nominated about the nomination. If you have not received a confirmation two weeks prior to the deadline (September 9, 2011), please notify us immediately. Please keep copies of all nomination materials submitted, as they will not be returned.

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2011 OFFICIAL NOMINATION FORM

Award Nominee _____

Nominee's Title (Position) _____

Name of Company (if applicable) _____

Nominee Address: Work: _____ Home: _____ (Check One)

Street # & Name _____

City/State/Zip _____

Phone _____ Email _____

Person Placing Nomination _____

Relationship to Nominee _____

Address

Street# & Name _____

City/State/Zip _____

Phone _____ Email _____

What one word best describes the nominee? _____

Please state why your nominee is an outstanding caregiver and should be honored. Include a photograph if possible. Use additional paper if necessary. *Criteria should include: Length of time as a caregiver- Best qualities -Examples of how this person has gone above and beyond- Involvement in the community-*