

19th Annual Partners of WHA, Inc.

Wisconsin Awards for Volunteer Excellence



2021 WAVE Award Application



The Wisconsin Awards for Volunteer Excellence (WAVE) program was established by Partners of WHA, Inc. to recognize outstanding contributions of organized volunteer programs, and is patterned after the AHA HAVE Awards program.

Applications must
be postmarked by
June 4, 2021

About the WAVE Awards

Award Categories

One WAVE Award may be given to a program in each of the five categories:

- Community Service
- Fundraising
- In-Service
- Community Outreach and/or Collaboration
- Public Policy and Advocacy

Eligibility Requirements

The WAVE Award recognizes volunteer programs whose work directly furthers the mission of the institution they serve. To be eligible for an award, volunteer programs must:

- Be affiliated with a Partners of WHA member organization in good standing
- Have demonstrated to have made a significant contribution to the organization
- Be accomplished by persons who have served without monetary remuneration
- Be in effect for at least two years prior to applying for a WAVE Award (**PLEASE NOTE:** This requirement will be waived for 2021)
- Guarantee representatives be present at the Partners of WHA Annual Convention to receive the award, if selected.
- Can include new projects and adaptations related to COVID-19.

Nomination Process

- Only ONE nomination may be submitted per year by each eligible Partners of WHA member.
- Permission of the hospital/health system's CEO must be obtained prior to nomination submission.
- A complete nomination consists of **1 original and 4 copies** of the following information, submitted together in one package:
 1. Completed nomination form
 2. Response to each of the five completed application questions
- All responses must be typed in 12 point font.
- Responses to each application question must be limited to 400 words maximum.
- No supporting documentation is allowed.
- All nominations for the 2021 WAVE Awards must be postmarked by June 4, 2021. Queries regarding the status of a specific nomination cannot be acknowledged, due to volume.
- The WAVE review committee may request additional information in the course of considering a nomination.

Mail final package to:

Final and complete nomination package (*which includes 1 original and 4 complete copies*) must be mailed to:

Wisconsin Hospital Association, Attn: Partners of WHA WAVE Award
PO Box 259038, Madison, WI 53725-9038

All nominations for the 2021 WAVE Awards must be postmarked by June 4, 2021

Selection Process

A Partners of WHA review committee will select no more than one program in each of the five WAVE categories. Decisions of the WAVE review committee are final.

Notification of Winners

Representatives of award-winning programs will be notified by both telephone and letter by late August. Notification will be directed to the individual listed on the nomination form as nominating contact and the hospital CEO.

Presentation of WAVE Awards

Awards will be presented by the WAVE review committee chair at the Partners of WHA Annual Convention October 5, 2021 at the Madison Marriott in Madison, WI.

Questions

Contact Jeanne Tatro, 2021 WAVE Committee Chair, at 715-219-0945 or jeannemtatro@gmail.com.

2021 Wisconsin Award for Volunteer Excellence (WAVE) Nomination Form

Name of Volunteer Program being Submitted for WAVE Award:

Date the Program was Implemented:

Program Category (select only one category)

- ☐ **Community Service:** Programs that assisted a health care organization in the design and delivery of services or programs of measurable impact to the wellbeing of individuals and/or the community.
- ☐ **Fundraising:** programs that designed and implemented an innovative approach to fundraising that benefited the health care organization or the community.
- ☐ **In-Service:** programs that designed and implemented innovative services to address needs or challenges within the health care organization.
- ☐ **Community Outreach and/or Collaboration:** programs that designed and implemented an innovative approach with external partners to address needs or challenges within the health care organization or the community.
- ☐ **Public Policy and Advocacy:** Programs and activities designed to identify and positively impact health care policies and legislation in our local communities and the state.

Name of Volunteer Organization Submitting the Nomination:

Contact Person Submitting the Nomination Form

Name _____ Title _____
Phone (_____) _____ Email (required) _____
Name of Hospital/System _____
Mailing Address _____
City _____ State _____ Zip _____

Chief Executive Officer of Nominated Hospital/System

Name _____ Title _____
Phone (_____) _____ Email (required) _____
Address (if different from nominating contact) _____
City _____ State _____ Zip _____
Signature _____

Signature indicates support of the nomination of the above-stated program for the 2021 WAVE Awards. Applications require CEO signature.

CEO's Administrative Assistant Contact Information (if applicable)

Name _____ Email (required) _____

Volunteer Service Director/Manager/Professional (if applicable)

Name _____
Phone (_____) _____ Email (required) _____

For Office Use Only: Date nomination received: ____/____/2021

Application Questions

1. **Provide a brief description and goals of the program. Describe what organizational or community need it meets. (400 words maximum)**

Application Questions

2. Describe the outcomes of the program. Include quantitative or qualitative measures, such as outcomes data, satisfaction scores, or examples of impact. *(400 words maximum)*

Application Questions

3. Describe the role of volunteers in planning, developing, implementing and maintaining the program. *(400 words maximum)*

Application Questions

4. Describe how the program is creative and/or innovative, thereby breaking new ground statewide for health care volunteer services. *(400 words maximum)*

Application Questions

5. Describe how the program benefits recipients, the health care organization and/or the community. (400 words maximum)

In one package, submit one (1) original and four (4) collated copies of the following by June 4, 2021:

- Completed nomination form
- Completed responses to each of the five application questions

Supporting Documentation

Supporting documentation is not accepted for WAVE nominations.

Mail Final Package To:

Wisconsin Hospital Association
Attn: Partners of WHA WAVE Award
PO Box 259038
Madison, WI 53725-9038

Submissions must be postmarked by June 4, 2021

Questions

Contact Jeanne Tatro, 2021 WAVE Committee Chair, at 715-219-0945 or jeannemtatro@gmail.com.