**HANDS Awards**

The Kentucky Hospital Association (KHA) in conjunction with the Committee on Volunteer Services (COVS) established the HANDS (Helping Accomplish Noteworthy Duties Successfully) Award in 2004 and is intended to give KHA members the opportunity to showcase their projects to the health care volunteer and auxiliary community.

The HANDS award recognizes significant achievement through:

* Projects designed to address the needs of the patient, hospital or visitors utilizing either traditional or non-traditional sources of volunteers within the hospital.
* Projects that provide services or increase the public’s awareness of the hospital in the community.
* Projects designed to generate funding for hospital/volunteer projects which may utilize both traditional and non-traditional volunteers and may involve others in the community.

**Award Eligibility**

In order to submit a nomination for the HANDS award, the following eligibility requirements must be met:

* Nominated project must be affiliated with a KHA member hospital or health system.
* Nomination application is completed in its entirety.
* Only one nomination per facility will be considered.
* Projects recognize specific service area, initiatives or program.
* Upon acceptance of the award, the recipients must be able demonstrate their HANDS worthy accomplishment at the KHA Volunteer Conference.

**Review Criteria**

Any project that physically, mentally, or spiritually meets the needs of a KHA member facility may be submitted for consideration. The following are also required:

1. Volunteer or auxiliary members must play a substantial role in planning, developing, implementing and maintaining the project.
2. The project could be replicated or adapted in another community or organization.

**Submission**

Nominations, attachments and supporting documentation (photographs, letters, and materials) should be submitted to the Kentucky Hospital Association by the deadline. Late entries will not be accepted. If you have any questions, please feel free to contact KHA Volunteer Services.

Kentucky Hospital Association

Attn: COVS HANDS Awards

P.O. Box 436629

Louisville, Kentucky 40253-6629

Phone: 502-426-6220

Fax: 502-814-0355

Email: volunteers@kyha.com

**HANDS Award Nomination Form**

Please type or print responses in the spaces provided. (Use additional sheets if needed).

Please limit attachments to two (2) additional pages.

**Applicant Information**

|  |  |
| --- | --- |
| Nomination Category: (please select one)  \_\_\_\_\_ 25-100 Beds \_\_\_\_\_ Over 100 BedsKHA Member Hospital: |  |
|  |  |  |  |  |
| Address: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Phone: |  | Email |  |

Director of Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Lead: |  | Phone: |  |

Number of hospital volunteers/auxilians involved in planning/implementing this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the role of volunteer/auxiliary in this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding**

|  |  |
| --- | --- |
| Estimated cost of project annually or per item/event :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If fundraising project; please provide the amount of funds raised for auxiliary annually: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |