

2018



Hospital
Awards for
Volunteer
Excellence
(HAVE)





Call for Nominations

Nominations due February 1, 2018

2018 HAVE Awards



The Hospital Awards for Volunteer Excellence (HAVE) program was established by the American Hospital Association (AHA) to help hospitals and health care systems attract and retain volunteers by recognizing outstanding contributions of organized volunteer programs. In addition, the HAVE Awards acknowledge the value of volunteerism to individuals, organizations and communities.

Your hospital or health care system is invited to participate by nominating an organized volunteer program. It is recommended that this call for nominations be forwarded to volunteer and auxiliary leaders, directors of volunteer services, public relations, and human resources. Only one nomination per AHA institutional member may be submitted per year.

Eligibility Requirements

Volunteer programs submitted for review must meet the following requirements:

- Affiliated with an AHA institutional member hospital or health system.
- Has functioned successfully for at least two years (since February 1, 2016) within a health care organization or a community the organization serves.
- Organizations affiliated with members of the HAVE selection committees are not eligible to apply.
- The organization submitting a nomination may not have received a HAVE Award the previous three years.
- Awards go to specific service areas, initiatives or programs, and not volunteer departments or auxiliaries as a whole.

Award Categories & Descriptions

One HAVE Award is given to a program in each of four categories:

- 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.

Review Criteria

 Volunteers play a substantial role in planning, developing, implementing and maintaining the program.

- The program is creative and/or innovative.
- The program benefits the service recipients, the health care organization and/or the community.
- The program could be replicated or adapted in another community or organization.
- Outcome measures have achieved the stated goals.

Submission Guidelines

All nominations for the 2018 HAVE Awards must be submitted electronically via https://www.surveymonkey.com/r/2018HAVEAWARD by **February 1, 2018, at 11:59 p.m. PDT.** No paper copies will be accepted.

- Print out the following page to review the questions and required information before completing the online HAVE Award nomination form.
- Questions may be directed to Ursula Pawlowski, upawlowski@aha.org, or 312-422-3725.
- No additional materials beyond the nomination form will be accepted or reviewed.
- Summaries of the previous HAVE winners and finalists http://www.aha.org/about/volunteers/haveawards.shtml are available as a reference.

Notification of Winners

Representatives of award-winning programs will be notified both by telephone and letter by May 31, 2018. Official correspondence will be directed to the staff person submitting the nomination form and to the hospital or health system CEO.

Presentation of HAVE Awards

Awards will be presented at the 50th Annual AHVRP conference in Chicago, Illinois, September 30, 2018. The volunteer or auxilian representing award-winning programs must be present at the AHVRP Conference to receive the award and to be acknowledged at the AHVRP Award event. The AHA will pay travel expenses for one volunteer from each winning organization.

2018 HAVE Awards



HAVE Nomination Questions

Before you get started, we recommend that you review the required information to familiarize yourself with the full scope of the online application. It would be helpful to complete your answers in Word format, and then cut and paste the information into the online nomination form. Once information is saved in the online application, it may not be edited. **FINALIZE YOUR RESPONSES IN A WORD DOCUMENT FIRST.** All entries must be submitted by 11:59 p.m. PDT on February 1, 2018. **NO PAPER COPIES WILL BE ACCEPTED.** No additional materials beyond the nomination form will be accepted or reviewed.

- **1.** State whether the program has existed at least since February 2016.
- 2. Staff person submitting the nomination form.
 - Name
- State
- City

- Title
- Email
- Zip

- Address
- Hospital/System
- Telephone
- 3. Name of Volunteer Program or Service Area.
- **4. Program Category.** (Select <u>one</u> of the four program categories)
 - 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.
- 5. Provide a brief description and goals of the program. Describe what organizational or community need it meets. (400 words maximum)
- 6. Describe the outcomes of the program. Include quantitative or qualitative measures, such as outcomes data, satisfaction scores, or examples of impact. (400 words maximum)

Describe the role of volunteers in planning, developing, implementing and maintaining the program.

(400 words maximum)

- 8. Describe how this program is creative and/or innovative, thereby breaking new ground nationally for health care volunteer services. (400 words maximum)
- 9. Describe how the program benefits recipients, the health care organization and/or the community. (400 words maximum)
- 10. Chief Executive Officer of the nominated hospital/system.
 - Name

• Title

Email

- Telephone
- 11. Checked box confirms that your CEO supports the submission of the nominated program.

(Nomination will not be processed without CEO's support. Only one nomination per organization will be considered annually.)

- 12. Administrative Assistant to the CEO.
 - Name

• Title

Email

- Telephone
- 13. Name of the volunteer or auxilian who will be representing the program at the 50th AHVRP Conference, September 30, 2018, if the program is selected for a HAVE Award.
 - Name

- Title
- · Home Address, City, State, Zip
- Email

- Telephone
- 14. Volunteer Service Professional/Manager.
 - Name

Title

Email

Telephone