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 **Community Service Award(s)** **2012
Nomination Form**

The purpose of this annual award is to recognize outstanding contributions by individuals and/or groups or organizations in the Capital Area to the overall health and well being of this community. Nominees should be individuals and/or groups that participated in creating and offering quality health related service. This award will be given at the 2011 Capital Area Health Alliance (CAHA) Annual Meeting on December 12, 2012 with presentation of a plaque(s) to the award recipient(s). It will give the Capital Area Health Alliance an opportunity to honor leaders in the field for their outstanding service and contributions to health care. ***All*** nominees will be publicly recognized at the meeting, and in the meeting booklet that will be given to attendees.

The typical recipients of this award are individuals and groups or organizations that have been instrumental regionally in creating, leading or furthering the mission, goals and values of the Alliance. An award will be given to an organization and to an individual. The award recipient could be someone who is not affiliated with CAHA, but nonetheless demonstrates creativity and leadership in Health Care issues on behalf of the people of the Capital Area. The recipient should be someone and/or group or organization who has invested in the well being of the Greater Lansing area by offering their experience, expertise and time to improve the quality of this community’s health.

**Selection criteria for CAHA Community Service Award:**

 **Nominees for the CAHA Community Service Award should:**

* Exhibit concern and interest in health care issues affecting the Capital Area.
* Demonstrate leadership in promoting health
* Exemplify a strong commitment of caring for the people and community they serve
* Advocate for the healthcare needs of the disadvantaged
* Promote cooperation and collaboration in the health care system for the benefit of the community
* Be a resident of, or a professional working in, the Capital Area.

Nominations for this award should be submitted using the attached form by

**Friday, November 9, 2012**, to:

The Capital Area Health Alliance

**CAHealth****Alliance@aol****.com** (preferred)
or **Fax: 517.347.3693**
or 2123 University Park Drive, Suite 160
Okemos, Michigan 48864

*Questions? Call 517.347.3377*

The Board of Directors of the Capital Area Health Alliance will choose award recipients and
**all** **nominees will be recognized** at the annual meeting of the Alliance.

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| Name of person/group being nominated: |  |
| Address: |  |
| Work Phone: |  |
| Home Phone: |  |
| Email:  |  |

Describe how this person /group have contributed to the Health Care of the Greater Lansing Area:

Describe what you have learned from this nominee:

What was their most significant contribution and what impact did this have on the community:

In 250 words or less, please describe why you are nominating this individual or group for the Capital Area Health Alliance Community Service Award:

Please list character references for your nominee in the space below:

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**Please submit by Friday, November 9, 2012 to:**

**Preferred Submission: CAHealthAlliance@aol.com**
or **Fax: 517.347.3693**

Or Mailed to: Capital Area Health Alliance
Community Service Award

 2123 University Park Drive, Suite 160

 Okemos, Michigan 48864