



## Nomination Form

*Help us recognize the staff who work diligently to make each of your days the best possible!*

**Submit a minimum of one Nomination Form for each STAR honoree.**

*You must be a resident, client, family member or staff member of the facility to submit a nomination. Only non-management staff is eligible for this award. Limit of six Stars per organization.*

*Please print or type.*

Date: \_\_\_\_\_

**Name of Stars Nominee:** \_\_\_\_\_

Using 100 words or less, share why this person should be honored as a LeadingAge Ohio Star:

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Your name: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know the Nominee? \_\_\_\_\_

Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Qualifications:** Nominated staff MUST be non-management.

Residents, family members and supervisors can nominate employees. Nomination forms must be completed and returned to Kevin Schafer, Human Resources Manager, no later than **MARCH 7, 2015.**

Thank you!