

NOMINATION FORM



I would like to nominate:

First Name: _____ Last Name: _____

to be included in the Saint Simeon's *Circle of Kris's Caring Champions* with the opportunity to be selected as *Kris's Caring Champion* for the month.

I believe this person should be recognized because (please describe their service or action and if possible, the impact it had) :

Person Making Nomination (REQUIRED—Please Print): _____

I am (*check all that apply*): Resident Family Member Friend of Resident
 Trustee Auxiliary Member Volunteer Employee (Saint Simeon's/Morrison/Wackenhut)
 Other: _____

Phone number of Person Making Nomination: _____

Thank you for taking the time to nominate a Saint Simeon's employee to receive special recognition through the "Kris's Caring Champion" program. Each nominee will receive a note of congratulations with recognition at the monthly employee "Winner's Circle" meetings and in the Quill of the Hill and employee newsletters. The Champion selected each month will also receive a \$100 cash gift and a preferred parking space. Please drop this nomination form into a "Kris's Caring Champions" box located at the reception desks and nurse stations.

Kris's Caring Champions is funded through the Employee Recognition Endowment Fund established in 2010 by a generous gift from Kris and Jerry Nichols.

SAINT SIMEON'S