2008 Governor's Caregiver Recognition Award

The Council on the Status of Women is charged by the Governor to identify ways in which women can reach their potential and make their full contribution to society and this Commonwealth as wage earners and citizens. The Council will establish and give awards to recognize the contributions of those who help further this objective.

This award symbolically honors the thousands of caregivers who lovingly take care of family and friends day-after-day. Although the award is only given to a few caregivers, it serves to heighten public awareness of the contributions of all caregivers. Winners will be honored on Wednesday, April 23 at the 2008 Virginia Conference on Volunteerism and Community Service in Virginia Beach.

The nomination form can be downloaded at
http://www.dss.virginia.gov/community/council_women/caregiver.html
Also, a request to have the form mailed can be made by calling
1-804-726-7017 or emailing council.women@dss.virginia.gov.

Completed nomination forms can be submitted as follows:

- ✓ U.S. Mail — Council on the Status of Women
  7 N. 8th Street
  Richmond, VA 23219
- ✓ FAX — (804) 726-7015
- ✓ E-Mail — council.women@dss.virginia.gov.

NOMINATIONS MUST BE POSTMARKED, RECEIVED VIA FAX, MAIL OR E-MAIL NO LATER THAN MONDAY FEBRUARY 4TH, 2008

Incomplete nomination packets and nominations postmarked or delivered after the deadline will not be accepted.

2008 Caregiver Recognition Award Nomination Form

The Judging Panel depends on the information provided in the nomination forms to select the award winners from amongst many deserving candidates. Candidates about whom the Panel has little information will be disadvantaged.

Name of Nominated Caregiver:	
Phone Number:	( ) -
Address:	
City, Zip:	
Is the Nominee aware that his/her name is being submitted for nomination?	☐ Yes ☐ No Tell us how you are familiar with the care this individual gives. _____
To Whom does the Caregiver provide care? (Please provide name & relationship.)	
Describe the Caregiver you wish to be recognized and why you would like him/her to receive this honor. (Include the care recipient's condition, details about the care provided by the nominee, how long care has been provided, and any other information you would like to share. Use as much space as necessary.)	
Nominated By: Address & Contact Info:	