

## FAITH COMMUNITY NURSE OF THE YEAR

### NOMINATION FORM

The award is given to a Registered Nurse who exemplifies the skill, compassion, and dedication to the ideals of the profession and to the scope and standards of practice of Faith Community Nursing. Consideration includes (1) how the Nurse has contributed in a significant way to the betterment of the health and well-being of the community, homebound, or elderly, (2) is actively working as a Faith Community Nurse in a paid or volunteer capacity in a church congregation, temple, or faith community and (3) attended the Faith Community Nurse Basic Preparation course. One nominee is chosen and informed of the selection prior to the Awards Luncheon.

*Awards will be presented at the Annual Luncheon in April at the National Croquet Center, West Palm Beach. The Awards Luncheon is open to the public.*

Nominee's Name \_\_\_\_\_

Nominee's Title/Position \_\_\_\_\_

Church/Temple/Faith Community \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Describe why the nominee is the best candidate for this award:**

Nominator's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

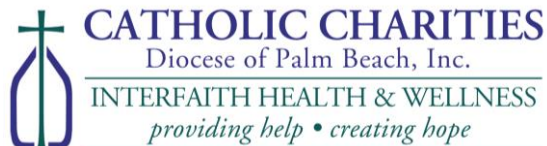
**Please send this nomination with a Letter of Support from the Pastor, Rabbi or Deacon by Feb. 15 to:**

Interfaith Health & Wellness, Catholic Charities of the Diocese of Palm Beach

100 W. 20<sup>th</sup> St., Riviera Beach, FL 33404 Ph. 561-345-2000 x256

or E-mail: [wellness@ccdpb.org](mailto:wellness@ccdpb.org)

***Thank you!***



## MOTHER TERESA HUMANITARIAN AWARD NOMINATION FORM

This is a life-time achievement, charitable works award given to a volunteer who exemplifies profound care, compassion and mercy to aid those in need. Mother Teresa devoted her life to the service of God and His people by caring for the poor, sick and orphaned. Founder of the Missionaries of Charity in 1950, she was awarded the Nobel Peace Prize in 1979. Nominees are selected based upon their life-long efforts to enhance the quality of life of individuals, children, families, or extraordinary support of a community group or charitable organization.

*Awards will be presented at the Annual Spring Luncheon in April  
at the National Croquet Center, West Palm Beach.*

Nominee's Name \_\_\_\_\_

Nominee's volunteer position (if applicable) \_\_\_\_\_

Address, City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Summary of the nominee's activities, charitable contributions or example(s) of how the nominee has enhanced the quality of life for those in need in Palm Beach, Martin, St. Lucie, Okeechobee or Indian River Counties:**

**What distinguishes this nominee from others?**

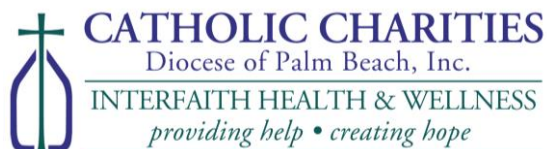
Nominator's Name: \_\_\_\_\_

Address, City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please send your nomination(s) by Feb. 15th to:**  
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*Thank you!*



## POPE FRANCIS “Encounter” AWARD NOMINATION FORM

This Leadership award is given to a community leader or volunteer who promotes the goodness of human relationship in the health profession or community, provides direct services that helps change lives, and builds bridges in uniting one human family to care for one another. Pope Francis is the 266th Pope of the Catholic Church, the first from the Americas and sensitive to the sufferings of our brothers and sisters, and calls us in a simple message “to help one another.” Nominees are selected based upon their leadership efforts to enhance the quality of life of people in need.

*Awards will be presented at the Annual Spring Luncheon in April  
at the National Croquet Center, West Palm Beach.*

Nominee’s Name \_\_\_\_\_

Nominee’s volunteer position (if applicable) \_\_\_\_\_

Address, City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Summary of the nominee’s activities or example(s) of how the nominee has exemplified leadership in the health profession or community by building bridges to help those in need in Palm Beach, Martin, St. Lucie, Okeechobee or Indian River Counties:**

**What distinguishes this nominee from others?**

Nominator’s Name: \_\_\_\_\_

Address, City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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*Thank you!*