



## Georgia Society of Volunteer & Retail Professionals GSVRP Best Practice Awards

GSVRP has the opportunity to recognize outstanding volunteer programs. These programs may be in areas such as community outreach, in-house programs and fundraising. We would also like to receive applications regarding a program(s) that you may have initiated during the past COVID-19 year. Please consider submitting programs that you may have had to adapt to COVID-19 situations with volunteers and/or staff.

They should be:

- New, innovative and unique
- Revitalized favorites
- Making a significant impact on your hospital or community

### **Basic requirements:**

- Submit entry form
- Submit Program Description Form
- May include up to a maximum of seven pages of supplementary materials
- May be a program submitted in the past, but not chosen
- Gift Shop entries should use the new Gift Shop Award Form

**Submit electronically as an attachment via e-mail to [lori.campbell@northside.com](mailto:lori.campbell@northside.com) by February 15, 2021.**

### **Selection process:**

A panel of non-GSVRP or Georgia Hospital Association members will judge and select a maximum of three programs to be recognized at the virtual state conference. Winners will be notified in the first week of March.

### **Recognition:**

All qualified nominations will be recognized at the GSVRP virtual conference held on March 8-9 this year. Nominations will also be included in an Awards Program booklet that will be available electronically in March. The winner will have the opportunity to present at an additional mini conference; present at next year's annual GSVRP conference; or present at a GSVRP webinar at some time during the upcoming year.



Georgia Society of Volunteer & Retail Professionals  
GSVRP Best Practice Award

**DEADLINE FOR SUBMISSION IS February 15, 2021**

Name of Program: \_\_\_\_\_

Date Program Began: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Director of Volunteer Services: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Other DIRECT Report for the DVS: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Submit electronically to: [lori.campbell@northside.com](mailto:lori.campbell@northside.com)



## Best Practices Program Description Form

Please describe the volunteer program being nominated, the goals of the program, and the extent to which the program met its goals. This summary should be no more than one page and must be typed and ready for print "as is" for the Annual Conference Awards Program booklet. Also feel free to submit supplemental materials that further explain the program.

Name of Program: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Name of DVS: \_\_\_\_\_

Summary:

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