ALLINA HEALTH COURAGE KENNY REHABILITATION INSTITUTE SUSAN HODDER VOLUNTEER OF EXCELLENCE AWARD NOMINATION FORM

Allina Health Courage Kenny Rehabilitation Institute Susan Hodder Volunteer of Excellence Award

This legacy award was created in honor of Susan Hodder, a long-time Courage Kenny Rehabilitation Institute volunteer, who began with the Alpine Ski program in the 1980's. Susan is an outstanding volunteer participating in a number of our adaptive sports and recreation programs and special events as well as on advisory boards, at fundraising events, and as a mentor and trainer for volunteers. Susan demonstrates her passion for the Courage Kenny vision that one day all people will live, work, learn and play in a community based on abilities not disabilities. Each year CKRI volunteers are nominated, and one volunteer will be selected, to receive this prestigious award.

Nominations must be received/post marked no later than 5 p.m. on August 21, 2023.

by email: CKRIVolunteerService@allina.com
or mail: Courage Kenny Rehabilitation Institute

Volunteer Services MR-78408 3915 Golden Valley Road Golden Valley, MN 55422 ATTN: SUSAN HODDER AWARD

CRITERIA

To deserve consideration for this award, the CKRI volunteer nominee must demonstrate exceptional service, compassion, teamwork, leadership and share Susan Hodder's qualities of dedication, flexibility, resourcefulness, Commitment to Care, teaching/mentoring other volunteers, and value lifelong learning and fun.

ELIGIBILITY

The nominee must be a CKRI volunteer currently active and serving in good standing in a Courage Kenny Rehabilitation Institute role. In addition, the CKRI Volunteer must:

- Have served CKRI for a minimum of 5 years or 500 lifetime hours
- Not nominate themselves or be nominated by their spouse or family member
- Not be nominated by a member of the selection committee
- Not receive this award more than once in 5 years

SUBMISSION

- Use a separate form for each nominee
- Please type or print legibly

Nominated by: First & Last Name

First & Last Name of Volunteer bein	ng Nominated:	Volunteer Role/s:	Site/Location:		
The Volunteer Services team will be happy to assist you with this portion of the form. Please contact CKRIVolunteerService@allina.com with questions.					
Volunteer Status:	Years of Service:		Hours of Service:		

Phone

Email

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OMINATION JOSTIFICATION escribe in 500 words or less why you are nominating this CKRI Volunteer for this award. Include specific examples of the key quali aits or characteristics demonstrated by the CKRI Volunteer being nominated.	ties,
nd give specific examples for each of the following:	
escribe how this nominee demonstrates excellent service.	
escribe how this nominee demonstrates compassion .	
escribe how this nominee demonstrates teamwork.	
escribe how this nominee demonstrates leadership.	

NOTES

- Incomplete/late applications will not be accepted or considered by the selection committee
- Selection Committee members are not eligible for nomination.
- There is no compensation associated with this award
- The decisions made by the Award selection committee are final

Nomination Deadline: 5 p.m. August 21, 2023

Contact: CKRIVolunteerService@allina.com or 612-775-2728