

Golden Care Awards Nomination Form

Honoring Caregivers in our Wood County Community

* Required

Nominator Information

Prior to gathering information about your nominee, please provide us with some information about you.

1. Nominator Name *

2. Nominator Phone *

3. Nominator Email *

4. Who are you nominating? *

Let us know what category best describes your nominee. Some examples of each: Community Caregivers (Family or Friends), Medical Professionals (physicians, therapists, nurses, STNA, care navigators, social workers, etc.), Agency Support Staff (volunteers, companion caregivers, housekeepers, dietary, salon, activity personnel, etc.)

Mark only one oval.

Community Caregivers

Medical Professionals

Agency Support Staff

Caregiver Information

Now that we have your information, please provide us with information on the wonderful caregiver you are nominating.

5. Company or Agency (if applicable)

6. Job Title/Description (if applicable)

7. Caregiver Name *

8. Caregiver Phone *

9. Caregiver Address *

Please provide an address for the caregiver's award night invite.

10. Caregiver Email

Nomination Application

11. Why is this person an outstanding caregiver? *

Describe below why you are nominating this caregiver for a Golden Care Award.

Caregiver Photo

Please send your Caregiver photo to programs@wcco.net. Pictures need to be received by October 4th for the Awards slideshow!

Thank you for your submission!

Thank you so much for recognizing a compassionate caregiver!

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