

SOCIAL WORK LEADERS IN HEALTH CARE OF METRO ST. LOUIS, INC.
2020 Social Worker of the Year Award
Nomination Application

NOMINEE INFORMATION:

Name: _____
Occupation/Title: _____ Employer: _____
Daytime Phone: _____ E-mail address: _____

NOMINATOR INFORMATION:

Name: _____
Occupation/Title: _____ Employer: _____
Daytime Phone: _____ E-mail address: _____

*The purpose of this award is to recognize and express appreciation to a social worker in health care for outstanding achievement. It will be awarded to a **SWLHC member** who models, exemplifies, and promotes outstanding leadership qualities and behaviors. I hereby nominate this social worker in recognition of the following attributes and contributions (s)he has made to the field of social work in health care.*

***(check all that apply):**

- | | |
|---|---|
| <input type="checkbox"/> Motivates others to excel | <input type="checkbox"/> Demonstrates organizational commitment |
| <input type="checkbox"/> Takes initiative in SWLHC programs & activities | <input type="checkbox"/> Involved in professional, civic and community organizations |
| <input type="checkbox"/> Shares resources and collaborates with others | <input type="checkbox"/> Achieved an extraordinary accomplishment/award in their field of expertise |
| <input type="checkbox"/> Demonstrates professionalism & ethical behavior | <input type="checkbox"/> Initiated or established new practices in their field of expertise |
| <input type="checkbox"/> Leads by example & is a positive influence in social work practice | |
| <input type="checkbox"/> Makes contributions to her/his field of expertise | |

*Please elaborate on checked items and add additional comments you would like to make regarding this nominee's accomplishments or personal and professional attributes as they relate to her/his social work practice in health care.

Please submit application via email to **Britney Burkart**
at: bburkart@dolancare.com

Deadline for entry is: **OCTOBER 31, 2020**
