



SCAPA

South Carolina Activity Professionals Association

Dear SCAPA Member;

On the following pages you will find the information needed to submit nominations for our Awards banquet at the conference in March. There are 5 categories. You may nominate one person of your choice for each of the categories, but you do not have to make a nomination for every category. ALL nominations are to be typed on a separate piece of paper and **mailed or e-mailed** to me no later than January 15, 2017. **(Please, no faxes.)** Nominations received after January 15 are invalid. **Email your nominations to scapa.awards@gmail.com or mail them to the address below.**

**Debbie Bailey
117 Burbage Street
Camden, SC 29020
C: 803-420-0054
W: 803-790-9800**

Once I have received your nomination, I will email you a confirmation that your nomination was received. If I have not emailed you within a week of you sending the nomination, it is your responsibility to contact me concerning this matter. If you have any questions or need assistance making a valid nomination, please don't hesitate to contact me.

Sincerely,

Debbie Bailey
SCAPA Awards Chair
803.420.0054



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SCAPA AWARD NOMINATION Form

Please fill out one of these forms for each nomination you submit
(Please type or PRINT legibly, or may be voided)

Your name: _____ (SCAPA member nominator)

Phone # W: _____ C: _____ Email address _____

Award Category for this nominee:

Activity Professional of the Year: _____ Nominee's Name: _____

Rookie of the Year: _____ Community/Facility employed: _____

Volunteer of the Year: _____ Position held : _____

Distinguished Merit: _____ For how long? _____

AWARD CATEGORIES & CRITERIA:

SCAPA Volunteer Of The Year

Requirements:

1. Has demonstrated exceptional leadership and service to your facility.
Has shown dedication and commitment through countless acts of unselfish service.

SCAPA Distinguished Merit

Any employee other than in the Activity/Life Enrichment department who you feel contributes to meeting the activity needs of the residents within your place of employment.

Requirements:

1. Must be any employee (other than activities/life enrichment) at a community with an active SCAPA member.
Must consistently demonstrate significant support to meeting the activity needs of the residents.

SCAPA Activity Professional Of The Year

Requirements:

1. Must be an active member of SCAPA for two years.
2. Must demonstrate support to fellow members when needed and show support to the organization willingly, however called upon to serve.
3. Must show initiative above and beyond job requirements
Must promote SCAPA to fellow colleagues and Activity Professionals elsewhere.

SCAPA Rookie of the Year

An Activity Professional for 2 years or less who is demonstrating leadership skills, initiative and a promising future in the field of activities.

Requirements:

1. Must be an active member of SCAPA
2. Must have been in the activity field 2 years or less
3. Must show support for Director/Manager with whom he/she works.
Must show initiative above and beyond job requirements

OFFICE USE: Nominee # _____
(letter) (number)



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Nominations Form • Volunteer of the Year

(Please type or print LEGIBLY, or may be voided)

1. Number of years as a volunteer at your community

2. Please describe the activity related duties they perform:

3. Please describe how they are unique, what they do that is “extra,” do they seek out other volunteers for your community, etc.:

4. Number of hours they put in at your facility per week _____

- 5: Please list any outstanding qualities they have:

For SCAPA office use: V nominee # _____



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Nominations Form • Activity Professional of the Year

(Please type or print LEGIBLY, or may be voided)

1. How many years a SCAPA member? _____
2. Number of years in the Activity profession? _____
3. Special skills, creativity, projects initiated, etc.:

4. Is the nominee certified to meet (AP-BC, AC-BC, ACC, ADC, CTRS only)? _____
certification level _____
5. Outstanding accomplishments:

6. Describe any in-services or workshops this nominee has presented?

7. Examples of activity programs offered by this nominee:

For SCAPA Office use: AP nominee # _____



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Nominations Form • Rookie of the Year

(Please type or print LEGIBLY, or may be voided)

Describe nominees innovative Programs:

Describe how the nominee demonstrates leadership potential:

List any special skills, unique attributes and creative talents of this nominee:

For SCAPA office use: R Nominee # _____