

Commitment to Caregiving Award Nomination Form

Your Name:

- Mailing Address
- Phone
- Email

Name of Caregiver Nominee*:

- Caregiver Mailing Address
- Phone
- Email

**Please notify the person you are nominating to let them know we may be contacting them, and make sure they are willing to participate in the process if they are selected for the award*

In 500 words or less, please tell us why you feel the nominee should be selected for this year's award. Please make sure to include the following:

- A brief description of the caregiver (basic demographics).
- Details of their caregiving situation: who they are caring for/how long have they been in their caregiving role/what types of assistance they are providing.
- What qualities or traits does the caregiver possess that makes them stand out
- Any stories or specific examples that illustrate their commitment and dedication as a caregiver.

Please return forms no later than March 1, 2017. Forms can be submitted online via our website, emailed to John@hpcn.org, faxed to 831-459-8138, or mailed to Commitment to Caregiving Award, Del Mar Caregiver Resource Center, 1537 Pacific Avenue, Suite 300, Santa Cruz, CA 95060.