



**8th Annual Children's Hospital of Richmond**  
**The Spirit of**  
**Advocacy Award**  
**"Working on Behalf of Children's Health"**

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Children's Hospital of Richmond will present two Spirit of Advocacy Awards in 2011 to recognize the efforts of those advocating for the health care needs of their own child or the broader needs of children in the community. The first award will be presented to a \*family member of a Children's Hospital of Richmond patient. The second award will recognize a \*community partner organization or professional representative for using their knowledge, skills and resources.

**Criteria:**

Nominees will have taken a positive action in regard to some aspect of:

- Obtaining health care services for children
- Suggesting improvements to health care services
- Influencing new program development
- Influencing funding sources
- Influencing community improvements
- Supporting legislative or safety initiatives

**Award Presentation:**

All nominees will be recognized and the announcement of the 2011 Spirit of Advocacy Award winners will be made at a reception and educational session held October 19, 2011 on Children's Hospital of Richmond's Annual Advocacy Day. The winner of the Family award will receive a cash prize sponsored by Children's Hospital Foundation. The winner of the Community Partner award will receive a plaque.

**Nominations and Deadline:**

To submit a nomination visit: [www.chadvocate.com](http://www.chadvocate.com)

For more information, contact: **Laura Carter at (804) 228-5921 or [lacarter@chva.org](mailto:lacarter@chva.org)**

Deadline for submission: **September 12, 2011.**

*The award winners will be chosen by the Children's Hospital of Richmond Advocacy Award Selection Committee.  
\*Previous winners are not eligible.*



VCU Medical Center and Children's Hospital. A New Day.

# The Spirit of Advocacy Award

## Nomination Form

Please complete a separate form for each nominee. Please print clearly.  
Nominations are due **September 12, 2011**. *This form may be photocopied.*

### 1. Nominee Information (Family member of a Children's Hospital of Richmond patient or a community partner)

Please check the award type:  Family Member  Community Partner

Nominee Name (Individual or Organization): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Email or Website: \_\_\_\_\_

### 2. Family Award

Name of Patient: \_\_\_\_\_ Nominee's Relationship to Patient: \_\_\_\_\_

### 3. Community Partner Award

Professional or Representative: \_\_\_\_\_

Role: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Action for which you are recommending the nominee: (check all that apply)

\_\_\_\_ Obtaining health care services for children

\_\_\_\_ Influencing new program development

\_\_\_\_ Influencing community improvements

\_\_\_\_ Suggesting improvements to health care services

\_\_\_\_ Influencing funding sources

\_\_\_\_ Supporting legislative or safety initiatives

**On a separate sheet, please provide a written description of why you are nominating this individual for "The Spirit of Advocacy Award." Include information about the actions taken by the person and how this person makes a difference for children's health. Attach to this form.**

### 4. Information About the Nominator

Name: \_\_\_\_\_ Title / Organization: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

Nomination forms can be **faxed** to: (804) 228-5952 or **mailed** to: Children's Hospital of Richmond  
Attn: Laura Carter  
2924 Brook Rd.  
Richmond, VA 23220

For more information, call (804) 228-5921 or e-mail [lacarter@chva.org](mailto:lacarter@chva.org)

[www.chrichmond.org](http://www.chrichmond.org)