



Georgia Society of Volunteer & Retail Professionals GSVRP Best Practice Awards

GSVRP has the opportunity to recognize outstanding volunteer programs. These programs may be in areas such as Community Outreach, In-house programs and Fundraising. We would also like to receive applications regarding a program(s) that you may have initiated during the past Covid-19 year. Please consider submitting programs that you may have had to adapt to COVID-19 situations with volunteers and/or staff.

They should be:

- New, innovative and unique
- Revitalized favorites
- Making a significant impact on your hospital or community

Basic requirements:

- Submit Entry Form
- Submit Program Description form
- May include up to a maximum of seven pages of supplementary materials
- May be a program submitted in the past, but not chosen
- Gift Shop entries should use the new Gift Shop Award Form

**Submit electronically as an attachment via e-mail to sdlovin@archbold.org
by February 28, 2022.**

Selection process:

A panel of non GSVRP or Georgia Hospital Association members will judge and select a maximum of three programs to be recognized at the virtual state conference. Winners will be notified in the first week of March.

Recognition:

All qualified nominations will be recognized at the Virtual Conference held on March 28th this year. Nominations will also be included in an Awards Program booklet that will be available electronically in March. The winner will have the opportunity to present at an additional mini conference; present at next year's Annual GSVRP Conference; or present at a GSVRP webinar at some time during the upcoming year. workshop as part of the state conference.



Georgia Society of Volunteer & Retail Professionals

GSVRP Best Practice Award

DEADLINE FOR SUBMISSION IS February 28, 2022

Name of Program: _____

Date Program Began: _____

Name of Hospital: _____

Chief Executive Officer: _____

Address: _____

Phone Number: _____ Email Address: _____

Director of Volunteer Services: _____

Address (if different from above): _____

Phone Number: _____ Email Address: _____

Other DIRECT Report for the DVS: _____

Address (if different from above): _____

Phone Number: _____ Email Address: _____

Submit electronically to: sdlovin@archbold.org

