

## HUMMINGBIRD AWARD PROGRAM NOMINATION FORM

Would you like to acknowledge a Hospice of North Idaho (HONI) employee that has displayed exemplary performance, made a significant impact on you, your family or your team and truly lives out our mission of serving the seriously ill and those touched by loss with open hearts and expertise?

### **Now you have a way to say thank you!**

The Hummingbird Award program is based upon the concept of promoting and fostering excellent patient care and teamwork within the whole organization. Hospice of North Idaho recognizes and values the strength in our team members and will continue to encourage and support efforts in providing patients, families, and all those we work with, with an experience that goes above and beyond.

### **Criteria**

Nominations may be made for superior performance and/or contribution by any HONI employee involving activities such as internal or external customer service, cost savings, productivity/work processes or outstanding care.

### **Nominations**

Two options: 1) Submit nomination via our website: [www.hospiceofnorthidaho.org/hummingbirdaward](http://www.hospiceofnorthidaho.org/hummingbirdaward) or 2) Use the paper nomination form below that must be completed and submitted to the human resources (HR) department confidentially via email ([hr@honi.org](mailto:hr@honi.org)) or in a secured envelope.

### **Awards**

Two awards will be given each year in January and July. The winner will receive a special certificate, a beautiful sterling silver Hummingbird Award pin, a \$50 bonus (sponsored by Murray Group) and recognition on our website.

### **Program Rules**

Nomination periods are January 1-June 30 for July award and July 1-Dec 31 for January award. Nomination forms received by the last day of each nomination period will be considered. To be eligible for an award, all nominees must be employed at the time the award is given. The winner will be announced in all staff e-mail and displayed on our website (if winner approves).

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## HONI EMPLOYEE NOMINATION FORM

Nominee's full name: \_\_\_\_\_

Description of the nominee's superior performance and/or recognizable contribution to the organization (please be as specific as possible using back of form, if needed):

Your name(optional): \_\_\_\_\_

Date: \_\_\_\_\_

Please check here if you authorize HONI to use your submission in marketing and social media content.