NMHA

AUXILIARY/VOLUNTEER SERVICE

JOB DESCRIPTIONS

(Updated September, 2015)
The President shall be installed at the Annual Meeting after having served as President-Elect. Active duties as the leader of the State Auxiliary/Volunteer Service shall begin following adjournment of the Annual Meeting.

The President shall:

1. Preside at all meetings of the State Auxiliary/Volunteer Service, the Board of Directors, Executive Committee, and the Annual Meeting.

2. Conduct such other business of the State Auxiliary/Volunteer Service as directed by the Board of Directors, the Executive Committee, or the Voting Body.

3. Serve as a voting member of the Board of Directors of NMHA.

4. Introduce all Appointed Chairmen at the Annual Meeting.

5. Approve and sign all expense vouchers for reimbursement of expenses.

6. Be an ex-officio member of all committees, except the Nominating Committee.

7. Submit an annual report, in writing, to the Voting Body at the Annual Meeting.

8. Be available for consultation at state meetings by state members, attend each district workshop and auxiliary/volunteer service meetings.

9. Keep all officers and chairmen informed during intervals between meetings and issues of the State Auxiliary/Volunteer Service Newsletter.

10. Include the President-Elect in as many activities as possible toward training for the presidency.

11. Receive Annual Report forms with membership lists attached from each member auxiliary/volunteer service. Compile report to be presented at the Annual Meeting and NMHA Board meeting. Forward membership lists to NMHA Liaison for state pin distribution to new members.

12. Upon request from the American Hospital Association provide Incoming Officer’s information.

13. Plan annual meeting with President-Elect and appointed committee.

14. Prepare Memorials for the Annual Meeting

Reviewed: 4/02, 6/03, 06/10

Revised: 8/88, 8/90, 9/99, 11/00, 6/05, 6/06, 09/10, 9/15
Annual Report
September _____ to August _____

Auxiliary/Volunteer Service: ________________________________________________

Health Care Institution: ___________________________________________ # of Beds: _____

Address: ____________________________________________________________________
City: __________________________ Zip: ___________ Phone: ____________________

Auxiliary President/Volunteer Service Chairman: ________________________________

Home Address: ___________________________________________________________________
City: __________________________ Zip: ___________ Phone: ____________________
Email: __________________________ Term (Mo & Yr): _________________________

Incoming Auxiliary President/Volunteer Service Chairman: __________________________

Home Address: ___________________________________________________________________
City: __________________________ Zip: ___________ Phone: ____________________
Email: __________________________

Total Auxiliary/Volunteer Service Members: ____________ *

Active Members: ______
Associate Members: ______
Active Life/Patron: ______
Inactive Life/Patron/Honorary ______ (do not pay State dues)
Total Youth Members: ______ (do not pay State dues)

TOTAL VOLUNTEER HOURS SERVED: ____________

Dues per member: Active $__________ Associate $__________ Active Life/Patron $__________

Newsletter: Yes ________ No ________ How Often Published: __________

Fund Information
(All Amounts Are Net)

Income: (Total amount raised during fiscal year) $__________

Disbursements:
Hospital Equipment: $__________ Scholarships: $__________ Education: $__________

Auxiliary/Volunteer Service Projects/Programs: ________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Submitted by: __________________________ Date: _______________________

NOTE: This report is used for:
1) Reporting the number of members for the year
2) Reporting hours and fund information at the Annual Meeting in September
3) Determining how much annual dues are.

*It is the auxiliary/volunteer service’s responsibility to pay for members claimed on this report. Please attach the names of current members and their start date, and highlight new members within the last year.

Revised: 06/06, 11/12, 05/13
MEMORIALS

The State Auxiliary/Volunteer Service shall honor those Auxilians/Volunteers that have passed away since our last Annual Meeting. Please complete this form, listing all to be honored, and return it to the State President.

Date for return: August 25, 20____

Honoree: __________________________________________ _
___________________________________________
___________________________________________
___________________________________________
___________________________________________

From: Auxiliary President / Volunteer Service Chairman

President/Chairman Name: ____________________________
Address: _________________________________________
City, State, Zip: ________________________________

Health Care Institution: _____________________________
Address: _________________________________________
City, State, Zip: _____________________________________

Please complete one form for each Honoree.

Please mail to: _____________, State President
Address: __________________________
City, State, Zip: __________________________

Revised: 10/01/13
The President-Elect shall be elected at the Annual Business Meeting and shall have one year's previous experience on the State Board of Directors. The President-Elect shall be installed to the office of President during the next Annual Meeting and serve on the Executive Committee.

The President-Elect shall perform the duties of the President in the absence of that officer. If the President resigns or becomes unable to perform the duties of that office, Article V, Section 3 of the Bylaws shall be in effect.

The President-Elect shall:

1. Perform such duties as may be requested by the President or the Executive Committee.

2. Serve on the NMHA Auxiliary/Volunteer Service Committee to plan the Annual Meeting.

3. Be invited to and shall attend the last meeting NMHA Board of Directors before the State Annual Meeting.

4. Attend two conferences; ASDVS Annual Conference and the AHA State Auxiliary Leader (SAL) Meeting, if funds have been approved in the budget by the Voting Body. Make a report on these meetings at the Annual Business Meeting.

5. Attend all District Workshops, if possible, to become better acquainted with auxiliars/volunteers statewide for future nominations and appointments.

6. Select, before the Annual Meeting, the Appointed Chairmen for the State and introduce the Chairmen to the state membership at the Annual Business Meeting.
NMHA AUXILIARY / VOLUNTEER SERVICE

SECRETARY

The Secretary is the recording officer of the organization and is elected at the Annual Business Meeting and serves on the State Board of Directors and Executive Committee.

The Secretary shall:

1. Take minutes of all State Auxiliary/Volunteer Service meetings (Executive, Board of Directors and General), provide a rough draft to the President for review and a final typed copy to the NMHA liaison for appropriate distribution. Board minutes are sent to all Board members. Annual Meeting minutes are sent to all Board Members and all local Auxiliary Presidents/Volunteer Service Chairmen. Board minutes and Annual Meeting minutes shall be sent within thirty (30) days.

2. Keep a list of motions made at all Board meetings on a separate sheet. Each motion should indicate the date and the member who made the motion. They are kept in a consecutive order starting with the first of the Auxiliary/Volunteer Service year. An annual list is kept with the minutes books and copy sent to the President and the NMHA Liaison with notation to be put in Auxiliary/Volunteer Service file.

3. Call roll at Annual Meeting and keep the official attendance record. Two (2) copies of Roll Call Form should be available; one form to call from and to write down delegate’s name and one for an assistant, chosen by the Secretary, to keep total number of attendees. This record will be kept with copy of minutes for corresponding Annual Meeting. The Roll Call sheet follows the Secretary job description.

4. Prepare and circulate a sign in sheet for Board Members to sign at Board meetings and report those absent and present by name and title in the minutes.

5. Keep records of all the business of the organization.

6. Purchase supplies (stamps, envelopes, postcards, paper, etc.) as needed. Submit itemized expense voucher (with receipts attached) to the State President for reimbursement.

7. Send correspondence on behalf of the State Auxiliary/Volunteer Service at the request of the State President. This shall include letters, cards, (i.e. sympathy, get well), etc.

8. Serve as “Years of Service Honor Awards” Chairperson.

<table>
<thead>
<tr>
<th>City</th>
<th>District</th>
<th>Institution</th>
<th># Present</th>
<th>Delegate</th>
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</thead>
<tbody>
<tr>
<td>Alamogordo</td>
<td>3</td>
<td>Gerald Champion Regional Med Ctr</td>
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</tr>
<tr>
<td>Carlsbad</td>
<td>3</td>
<td>Carlsbad Medical Center</td>
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<tr>
<td>Clovis</td>
<td>3</td>
<td>Plains Regional Medical Center</td>
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<td>Espanola Hospital</td>
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<td>Farmington</td>
<td>2</td>
<td>San Juan Regional Med Ctr</td>
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<td>Gallup</td>
<td>2</td>
<td>Rehoboth McKinley Christian Health Care Services</td>
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<td>Memorial Medical Center</td>
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<td>Las Vegas</td>
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<td>Los Alamos</td>
<td>1</td>
<td>Los Alamos Med Ctr</td>
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<td>Miners’ Colfax Med Ctr</td>
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<td>Eastern NM Medical Ctr</td>
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<td>Ruidoso</td>
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<td>Lincoln County Med Ctr</td>
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<tr>
<td>Santa Fe</td>
<td>1</td>
<td>CHRISTUS St. Vincent Regional Med Ctr</td>
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<td>Silver City</td>
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<td>Gila Regional Med Ctr</td>
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<td>Socorro</td>
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<td>Socorro General Hospital</td>
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<td>Taos</td>
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<td>Holy Cross Hospital</td>
<td></td>
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<tr>
<td>Truth / Consequences</td>
<td>4</td>
<td>Sierra Vista Hospital</td>
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NMHA AUXILIARY / VOLUNTEER SERVICE
TREASURER

The Treasurer is elected at the Annual Business Meeting and serves on the State Board of Directors and the Executive Committee.

In January, the Treasurer sends all member Auxiliaries / Volunteer Service a “Dues Statement.” All dues are to be made payable to “NMHA Auxiliary / Volunteer Service” and sent to the State Treasurer. All dues are due February 1. A follow-up letter is sent by mid-February if dues have not been paid. The Treasurer shall send final dues notices on April 1. All dues become delinquent February 1. Notice of “Personal Membership” dues shall be sent in January and payable by May 1.

The Treasurer shall give a financial report at all Executive, Board of Directors, and Annual Meetings and give a copy of the report to the Secretary for inclusion in the minutes.

The Treasurer is Chairman of the Finance Committee, which shall prepare and submit a proposed budget for the ensuing year at the Annual Meeting. The Finance Committee is composed of the Executive Committee, the NMHA Liaison and the NMHA Financial Officer. The budget is approved by the State Board of Directors and presented by the State President to the NMHA Board of Directors for their information prior to the Annual Business Meeting.

The Treasurer shall:

1. Keep an itemized account of all receipts and disbursements.

2. Maintain a list of member auxiliaries/volunteer services and the amount of dues paid by each. Prepare list prior to the June Board of Directors’ meeting and update prior to the Annual Business Meeting.

3. Work with the Finance Committee to prepare the Annual Budget.

4. Prepare a financial statement to present at the Annual Business Meeting.

5. Authorize and log all disbursement of monies after receipt of an itemized expense voucher signed by the State President. Sign and submit to NMHA for payment from the State Auxiliary/Volunteer Service funds.

6. Serves as Chairman of the Credentials Committee. Prepare Credentials/Proxy forms for NMHA Liaison to include in the Call to Convention packets.

7. In the event the President-Elect position becomes vacant, the Treasurer shall mail ballots to the Voting Body for the election of a new President-Elect.

Revised: 9/99, 6/05, 06/06, 06/07, 09/10, 09/15
NMHA AUXILIARY / VOLUNTEER SERVICE
TREASURER’S DUTIES

Continuous
Check all expense vouchers for accuracy, including category, mileage, etc. Make copies of all vouchers and receipts. When a voucher is completed, mail to Finance Officer, NMHA Office. Keep a spreadsheet (Spreadsheet #1) of all these expense vouchers for the period from the date that you take office through December 31st.

January
Send out Dues Notices to Auxiliary Presidents. Make sure to include the number of Auxiliaries/Volunteers reported on the most recent Annual Report from the particular Auxiliary on the bottom of the notice. Create a spreadsheet (Spreadsheet #3) which should include the city, name of the Auxiliary, the number of Auxiliaries from the most recent Annual Report, the number of Auxiliaries paid for in the current year and the amount of the payment. Make copies and send to Finance Officer, NMHA Office every 10 days or as needed. Use pre-made labels and mark envelope Attention: Finance Officer. Create a new spreadsheet (Spreadsheet #2) for expense vouchers, beginning January 1st. The combination of Spreadsheets #1 and #2 will be used for planning purposes when the new budget is created at the mid-year meeting.

February
Dues are payable by February 1. Receive dues and forward to Finance Officer, NMHA. Send follow-up notice if dues not paid by February 15.

March
Follow-up on dues as needed. E-mail is okay along with regular mail.

April
Send out final dues notices as needed.

May
Final follow-up on membership dues

June
Reconcile budget with Finance Officer, NMHA and produce a financial report for the State Board of Directors Mid-Year Meeting. Chair the Finance Committee composed of the Executive Committee and the NMHA Liaison and Financial Officer. Prepare a balanced budget due to non-profit status. Bring Spreadsheets #1, #2, and #3 to the mid-year meeting. You will need to know how much was collected in dues and your voucher expenses spreadsheets should match the financial statement brought to the meeting by the Liaison. (Note: Credential/Proxy forms/envelopes will be taken care of by the Liaison in the Call to Convention packets.)

July - August
Complete any follow up as needed. (Note: Copies of the new proposed budget will be included in the Call to Convention packets by the Liaison)

September
Chair the Credentials Committee. Make sure that you receive all the Credential/Proxy forms as these will be needed for voting members at the Annual Meeting. Give Treasurer’s Report and present the budget for the upcoming year at the Annual Meeting. Prepare good turnover information for the new Treasurer.
Date: ____________________
To: Auxiliary Presidents / Volunteer Service Chairmen
From: ____________________
          Treasurer, NMHA Auxiliary/Volunteer Service
Re: 20___ State Auxiliary / Volunteer Service Dues

Your annual dues to the State Auxiliary/Volunteer Service are $5.00 per adult member and are payable by February 1, 20__.

* ___________ X $5.00 = ___________________

*The count of annual members of the local auxiliary/volunteer service is based on the membership count reported for the preceding year which is reflected on the "Annual Report," which is filed with the State President just prior to the Annual Meeting in September of each year.

Please complete the form below and enclose it with a check payable to the NMHA Auxiliary/Volunteer Service and return it to:

State Auxiliary/Volunteer Service Treasurer  __________________________________________

Address  __________________________________________

City, State & Zip Code  __________________________________________

NAME and ADDRESS of AUXILIARY/VOLUNTEER SERVICE:  __________________________________________

_____________________________________

PRESIDENT/CHAIRMAN’S NAME __________________________________________

ADDRESS & PHONE NUMBER __________________________________________

E-MAIL ADDRESS __________________________________________

DATE OF NEW OFFICERS’ INSTALLATION: __________________________________________

IMPORTANT: DUES PAYING MEMBERS REFLECTED ON PREVIOUS YEAR’S "ANNUAL REPORT", 20__. DUES ASSESSED AT $3.00 PER MEMBER AMOUNT ENCLOSED:__________

Revised: 02/01, 06/05, 06/06, 12/15
Reviewed: 04/02, 06/03, 06/04
Date: ________________

To: Personal Members

From: State Auxiliary/Volunteer Service Treasurer

Re: 20___ Personal Membership Dues Request Statement

Your Personal Membership dues to the State Auxiliary/Volunteer Service are $5.00 and are payable by February 1, 20____.

Please complete the information below and return it with a check payable to the NMHA Auxiliary/Volunteer Service. Send to:

State Auxiliary/Volunteer Service Treasurer: _________________________________

Address: _______________________________________________________________

City, State, Zip: _________________________________________________________

----------------------------------------------------------------------------------------------------------------------------------

Personal Member Information:

Name: _________________________________________________________________

Address: ______________________________________________________________

City, State, Zip: _________________________________________________________

Phone: ________________________________________________________________

Email: _________________________________________________________________

DATE JOINED LOCAL AUXILIARY/VOLUNTEER SERVICE: _____________________
(Date used to determine awards and recognition)

New Form: 06/06; Revised Dec 2007; July 2010
TO: State Board of Directors, Past State Presidents, Auxiliary Presidents and Volunteer Service Chairmen

FROM: State Treasurer

Address ____________________________________________
City, State, Zip ______________________________________

RE: Voting Credentials, NMHA Auxiliary/Volunteer Service Annual Meeting September ____, 20____

In accordance with the bylaws of the NMHA Auxiliary/Volunteer Service, the voting body shall be:

1) The President/Chairman of each active auxiliary/volunteer service, or the representative designated in writing to the Credentials Committee

2) **Members of the State Board of Directors in attendance at the annual meeting.

3) **Past Presidents of the State Auxiliary/Volunteer Service in attendance at the annual meeting.

**These voting privileges cannot be assigned.

NO MEMBER SHALL VOTE IN MORE THAN ONE CAPACITY

Return in the enclosed self-addressed envelope to the State Treasurer by August 30, 20____

To: Credentials Committee Date: _____________

VOTING VERIFICATION:

I, ________________________, ____________________________________________
(Name)                                  (State Board of Directors Member, Past State President, Auxiliary President/Volunteer Service Chairman)

WILL be voting at the Annual Meeting to be held September _____. 20___.

I will be representing the office entered above.

PROXY VERIFICATION:

I, ________________________, ____________________________________________
(Name)                                  (Auxiliary President/Volunteer Service Chairman)

WILL NOT be voting at the Annual Meeting to be held September _____. 20___.

Therefore, I wish to designate __________________________, ____________________
(Name)                                               (Title)

as my representative. ________________________________
(Proxy Designate Signature)

NOTE: If a Board of Directors member or Past State President also serves as an Auxiliary President or Volunteer Service Chairman, they may designate their vote as President or Chairman to another member of their Auxiliary or Volunteer Service. Complete the Voting AND Proxy Verifications

Revised: 06/06
NMHA AUXILIARY/VOLUNTEER SERVICE
EXPENSES: LINE ITEM DEFINITIONS

6000  PRESIDENT
The President will use this line item for all expenses directly related to the presidency.

It does not include miscellaneous expenses; i.e. any purchases made for annual meeting should be coded using the Annual Meeting line item number. Mailings and phone charges that are not for annual meeting should be coded using either the supplies, postage, or miscellaneous line item numbers.

6010  PRESIDENT-ELECT
The President-Elect will use this line item for all expenses directly related to the President-elect position.

It does not include miscellaneous expenses; i.e. any purchases made for annual meeting should be coded using the Annual Meeting line item number. Mailings and phone charges that are not for annual meeting should be coded using either the supplies, postage, or miscellaneous line item numbers.

6011  DISTRICT CHAIRS
Use this line item for mid-year board meeting reimbursement. This would include mileage and lodging for one night.

District Chairs are encouraged to visit other auxiliaries within their district, but are not required to do so. Mileage expense will be reimbursed to the District Chairs. However, the auxiliaries are close enough in the districts and lodging expenses should be minimal; day trips are encouraged.

6015  NATIONAL CONVENTION (SAL)
This line item should be used by the President-elect to cover any expenses related to the national convention/SAL meeting. Expenses would include registration, lodging, and other normal expenses to attend this meeting.

6020  BOARD
With the exception of the President, President-Elect, and the District Chairs, the Board of Directors are to use this line item number for mileage and lodging for one night to attend the Mid Year Board Meeting.

With the exception of the President and President-Elect, the Board of Directors are to use this line item number for expenses incurred for mileage to and from annual meeting, lodging for annual meeting, and annual meeting registration.

6023  MIDYEAR BOARD MEETING LUNCH
This line item is for the lunch at the Mid Year Board Meeting.

6025  ANNUAL CONVENTION
This line item covers all expenses for the Annual Meeting: mailing of pre-conference packets, mailing of Call to Convention, copying of materials for Call to Convention, hotel charges (food, audio visual, etc.), State Pin charms, board of directors’ appreciation dinner, presenter fees and expenses, signage, gift for outgoing president, goodie bags, and anything else approved and needed for a successful annual meeting.

6035  SUPPLIES
6045  POSTAGE
6060  MISCELLANEOUS
The Committee shall consist of the Immediate Past President of the State Auxiliary/Volunteer Service and the four (4) District Chairmen. The Immediate Past President shall be Chairman of the Nominating Committee. Should the Immediate Past President not be able to serve, the President shall appoint a Chairman who has prior State Auxiliary/Volunteer Service experience.

Each member of the Nominating Committee may attend the local auxiliaries/volunteer services meetings in their district to better represent those member auxiliaries/volunteer services. Suggested nominations for elected officers and appointed chairmen of the State Auxiliary/Volunteer Service shall be received by the Nominating Committee from the voting membership throughout the year up to June 1, preceding the Annual Meeting. From these suggestions, and as a result of its own deliberations, the Nominating Committee shall submit to the Annual Meeting a slate of candidates for elected offices for the ensuing year. This slate shall have been presented to the membership at least thirty (30) days in advance of the Annual Meeting. The slate of nominations along with their qualifications shall be mailed in the Call to Convention packets or by special mailing, if necessary. Suggested nominations for Appointed Chairmen received by the Nominating Committee shall be passed on to the President-Elect.

An Assistant Chairman shall serve in the absence of the District Chairman as a member of the Nominating Committee and shall attend any meetings of the Nominating Committee, which the District Chairman cannot attend. It is the responsibility of the District Chairman to find an Assistant Chairman if service cannot be fulfilled.

The Nominating Committee Chairman may confer with the State President, as needed.

The nominees for President and President-Elect must have served one term on the Auxiliary/Volunteer Service Board of Directors previously to be eligible for nomination. The President shall present the name of the President-Elect to the NMHA Board for their information.

The Nominating Committee shall meet prior to the June Board Meeting to determine the slate of officers.

In the event of a vacancy in the office of President-Elect, the Nominating Committee shall meet to determine a slate of nominees for that office. The slate shall be sent to the Treasurer for distribution to the Voting Body.

Letters are sent to each nominee chosen by the Nominating Committee for approval to present their name to the membership at the Annual Meeting for a specified office.
BOARD OF DIRECTORS and APPOINTED CHAIRS
NOMINATING & CONSENT TO SERVE FORM

Provide a separate form for each nominee submitted. Form may be copied. Type/print information.

Name of Nominee: ________________________________________________________

Nominated for (Elected Office or Appointed Chair): _____________________________

Mailing Address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City, State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone: ___________________   Fax: ___________________   Email: _______________

Years as an Auxilian/Volunteer: _______________     District: ________________

Name of Health Care Institution:  _____________________________________________

Elected Offices Held in Auxiliary:

President/Chairman: _______________ Year(s)

Vice President/Chairman Elect: _______________ Year(s)

Secretary: _______________ Year(s)

Treasurer: _______________ Year(s)

Auxiliary/Volunteer Service Committees: ______________________________________

Auxiliary/Volunteer Service Committees: ______________________________________

Committee Chairmanships: _________________________________________________

State Office(s) & Year(s):  _________________________________________________

Other Leadership Positions Held (civic, church, etc.): ____________________________

Signature of Nominee:  ____________________________________________________

Signature of nominee indicates a willingness to be nominated for the indicated position and, if elected (or appointed), agrees to fulfill the duties and responsibilities of the position to the best of their ability.

Signature of DVS (if applicable): _____________________________________________

Signature of Auxiliary President/Volunteer Service Chairman: ____________________

(Other Elected Local Officer if the President/Chairman is the nominee)

Signatures confirm nominee is a member in good standing of the Auxiliary/Volunteer Service and a willingness to support the nominee if elected or appointed.

Submitted by: ____________________________ Date: __________________

Revised: 06/06
NMHA AUXILIARY/VOLUNTEER SERVICE

NOMINEE AUTOBIOGRAPHY

Nominee: ________________________________________________

Address: ________________________________________________

Telephone: ___________ Email: _____________________________

Name of Facility: __________________________________________

Departments/Service Areas: __________________________________

Address: ________________________________________________

Telephone: ________________________________________________

Nominating/Consent to Serve & Autobiography forms to be sent by May 15, 20____ to:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

“Get To Know Your Nominees”

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Use a separate sheet for additional space)

Revised: 06/05, 06/06

69
NMHA AUXILIARY / VOLUNTEER SERVICE
DISTRICT CHAIRMAN

The four (4) Chairmen shall be appointed by the President-Elect and assume duties following the Annual Meeting. The Chairmen shall be voting members of the State Auxiliary/Volunteer Service Board and represent their district at these meetings.

The District Chairman shall:

1. Be a member of the Nominating Committee. An Assistant Chairman shall serve in the absence of the District Chairman as a member of the Nominating Committee and shall attend any meetings of the Nominating Committee which the District Chairman cannot attend. It is the responsibility of the District Chairman to find an Assistant Chairman if service cannot be fulfilled.

2. Act as liaison between member auxiliaries/volunteer services of the District and the State Board of Directors. It shall be their duty to act as advisor and to assist each Auxiliary/Volunteer Service in the District. Plans should be made to visit each Auxiliary/Volunteer Service within the District at least once during the year if the budget allows.

3. Write the auxiliary presidents/volunteer service chairmen in the District, giving their name and address and stressing their availability to visit each auxiliary/volunteer service. Copies of the auxiliary/volunteer service newsletter should be requested. A list of the new slate of officers at the time of their installation should be requested and this information should be forwarded to the State President as soon as it is received. The Nominating/Consent to Serve form and the Autobiography form should be included in correspondence along with a note encouraging the local presidents/chairmen to submit nominations. (Refer to the Nominating Committee Chairman job description for forms.)

4. Study the State Bylaws and other materials so that they may be well informed when assisting the local auxiliaries/volunteer services or representing the State Board of Directors in other areas.

5. Assist the State President, or some other Board member, when a health care institution desires to establish an auxiliary/volunteer service and meets the requirements of NMHA

6. Conduct one workshop annually for the District. The date of the workshop should be coordinated with other District Chairmen so that the State President and the Immediate Past President may attend all four (4) workshops. The program and location shall be the choice of the District Chairman. The program shall be germane to the health care industry. The Chairmen are responsible for publicity for their workshops. Notice of the workshop should be sent to all newspapers in the District where there are auxiliaries/volunteer services. The Chairman is responsible for the evaluation form for the workshop. It is recommended that District Workshops be held between April 1 and May 15.

7. Serve as a judge on the Scrapbook Contest Committee during the odd numbered years. Judging shall take place the first day of the Annual Meeting. Refer to job description for the Scrapbook Contest Chairman.

8. Be asked to recommend an individual from their district to serve as a judge for the Newsletter Contest in even numbered years. Refer to job description for the Newsletter Contest Chairman.

9. Prepare notes to pass to following year’s District Chairman. Notes should include copies of registration form, agenda, and a summary of the workshop and evaluation.

10. The Board approved that District II schedule workshops every other year, on a rotating basis. There will be a District II Liaison that will coordinate with other districts for District II members to attend their meetings and will also serve as contact person for District II news/information distribution, as needed. The “off” year for District II commences in 2014.

Revised: 9/99, 11/00, 6/02, 6/03, 3/04, 6/05, 6/06, 09/08, 09/13, 09/15  Reviewed: 4/02, 6/03, 3/04, 09/13
NMHA AUXILIARY / VOLUNTEER SERVICE

GUIDELINES for CONDUCTING a DISTRICT WORKSHOP

1. Set the date of your workshop after making certain it does not conflict with other District Workshops. The workshop shall be scheduled between April 1 and May 15 because members of the State Nominating Committee, if possible and the budget allows, often travel to District Workshops to locate nominees for the next year’s slate of officers.

2. It is extremely helpful and convenient for the State President, and President-Elect in making travel plans if the two northern District Workshops are held a day apart and the same for the two southern District Workshops.

3. Determine the location for (i.e. hospital, hotel, lodge). When scheduling at a hotel, check to see if your meeting room charge can be waived if you schedule a luncheon, or if other meal function is scheduled.

4. Contact and book your speakers well in advance so you will not have scheduling problems. If you need assistance locating speakers, contact the NMHA Liaison.

5. Base your registration fee on the price of your meals, speakers’ fees, audio/visual and rental, etc. so as to “break even” financially. Any overages or shortages will be absorbed by the host auxiliary/volunteer service. No refunds will be made for the registration fees after the deadline for the workshop.

6. Send registration forms, along with map, to all of the auxiliaries/volunteer services, to include DVS’, in the respective district. Invitations to all district meetings will be extended to the State President, and President-Elect, for which they will be reimbursed for attendance. Courtesy invitations without reimbursement may be extended to Immediate Past President, Secretary, Treasurer, NMHA Liaison, and District Chairmen outside the respective district.

7. Have your workshop room set-up according to types of presentations you will have. Types of set-ups are:
   - Rounds: Round tables of 8 or 10; usually used for meal meetings.
   - Classroom: Chairs behind tables, allowing writing surface.
   - Theater: Chairs in straight line (no tables).
   - Conference: One long table with chairs on each side.
   - Crescent Rounds: Round tables of 6, allows for speaker and meal meetings

8. Advise the State President of program and arrange time for the State President and President-Elect to address the workshop.

9. The Chairman is responsible for the evaluation form for the workshop. The evaluation form summary of current year’s workshop should be given to the next year’s District Chairman.

10. It is suggested that the Auxiliary prayers on page 6 be used by the State Auxiliary at state functions and District Workshops.

11. Some districts might not have a district workshop every year. During the off year, that district’s chair will serve as the contact person and liaison between the NMHA Auxiliary/VS Board, Auxiliaries/VS within the district and other District Chairs.

Revised 6/15
District: (Your district number)

(What City)

(Date)

Name* and Position/Title (if applicable): __________________________________________

(PLEASE PRINT)

Name of Hospital: __________________________________________________________________

City: __________________________________________________________________________

*Name as you wish it to appear on nametag.

The District _____ Workshop registration fee is $_____ per attendee to cover the cost of the luncheon and workshop. Please make check payable to ________________________.

Thank you for completing the registration form. Please return it to (hosting facility name) Attn: _______________________. District _____ Chair, Address, City-State-Zip. Registrations must be received no later than _____________.

Cancellations: Substitutions are permitted upon advanced notice to (Contact Person). Cancellations received after (specific date, suggest 2 weeks before meeting) will NOT be refunded.
Please take a moment to provide us with your comments. You may leave completed form on the front table. Every effort will be made to address your concerns.

1. Overall, the Meeting was:
   ______ Excellent ______ Good ______ Average ______ Below Average

2. Most favorite: (What did you enjoy the most? What was most beneficial?)
   ________________________________________________________________
   ________________________________________________________________

3. Least favorite: (What did you not enjoy? What was least beneficial?)
   ________________________________________________________________
   ________________________________________________________________

4. What would you suggest be added to (or deleted from) the Annual Meeting?
   ________________________________________________________________

5. Did the Meeting meet your expectations? Met _____ Not  Met _____
   (Why or why not?)
   ________________________________________________________________
   ________________________________________________________________

6. Please rate the following areas of the Annual Meeting:

   Agenda/Format: _____ Excellent _____ Good _____ Average _____ Below Average
   Speaker: (Use this area to get feedback on your speakers or any activity you presented.)
   Meals/Food/Beverages: _____ Excellent _____ Good _____ Average _____ Below Average
   Additional Comments: _____________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Thank you for completing this form. The information will be used in planning future programs.

______________________________  _______________________________
Name (Optional)                  Health Care Institution
The Director of Volunteer Service (DVS) Representative is a member of the State Board of Directors.

The DVS is expected to facilitate communication and interaction between the State Auxiliary/Volunteer Service and Directors of Volunteer Services throughout New Mexico.

The Incoming State President shall appoint a DVS from a hospital who is a member of the State Auxiliary/Volunteer Service.
NMHA AUXILIARY / VOLUNTEER SERVICE

CHAIRMAN:
BYLAWS/POLICY & PROCEDURES/PARLIAMENTARIAN/HISTORIAN

A. General Information
1. Bylaws - only rules which are of too great importance to be changed without giving notice to all members of such change.

2. Policy & Procedures - should contain ONLY rules which may be expedient to change by the Board at any time without the delay of previous notice.


4. Procedure - series of steps followed; particular way of doing things.

B. Bylaws
1. The State President appoints chairman and committee. State President may attend meetings of the committee.

2. Committee reviews Bylaws and Policies and Procedures; studies any recommendations received from members of the State Auxiliary/Volunteer Service; also makes necessary recommendations.

3. After March 1 the Bylaws Committee meets to put proposed amendments in proper form and order. At the discretion of the Chairman, this meeting may be held telephonically or by email. The Chairman prepares prints and sends a copy of the proposed amendments to each committee member and the State President by April 1. Responses from the committee members are due to the Chairman by April 20. Amendments approved by a majority of the committee are put in a clean, copy-ready form by the Chairman and sent to the NMHA Liaison for electronic distribution to the State Board of Directors.

4. If State Auxiliary/Volunteer Service Board suggests modifications at its June meeting, the Chairman shall incorporate those modifications during that meeting.

5. The Chairman shall prepare a copy-ready version of the approved proposed amendment package produced at the mid-year meeting of the State Board of Directors and provide it to the NMHA Liaison prior to July 1.

6. The State President presents these amendments to the NMHA Board of Directors for approval at their June meeting.

7. The Bylaws Chairman shall present these amendments during Annual Business Meeting and ask Voting Body for approval.

8. Amendments to the Bylaws shall become effective on approval by NMHA Board of Directors and subsequently by the Voting Body of the State Auxiliary/Volunteer Service at the Annual Meeting.
C. Policies & Procedures
   1. The Committee may meet to discuss changes to the Policies & Procedures suggested by the membership. The Committee may also make recommendations.

   2. Changes to the Policies & Procedures shall be made at the State Board of Directors Midyear Meeting by a majority vote.

D. Parliamentarian
   1. The Parliamentarian shall advise the President and other officers, committees, and members on matters of parliamentary procedure.

   2. Vote only when the voting is by ballot.


E. Historian

   1. The Historian is charged with the responsibility of making a record of the proceedings of the current year to be included in the History located in the front of the Handbook.

   2. Files will be maintained at the NMHA offices with the NMHA Liaison serving as caretaker.

Reviewed: 4/02, 6/03, 6/05, 6/06, 6/09, 10/10
Revised: 6/15
NMHA
AUXILIARY/VOLUNTEER SERVICE
NEWSLETTER/SCRAPBOOK
NEWSLETTER CONTEST/SCRAPBOOK CONTEST CHAIRMAN

Job Description
NEWSLETTER CHAIRMAN

The Newsletter Chairman is appointed by the President. The Newsletter Chairman is editor of the State Newsletter and is responsible for compiling the newsletter items and coordinating with NMHA for printing and distribution three (3) times a year. This newsletter will be distributed electronically or by U.S. Mail, as requested. One issue of the State Newsletter shall be distributed at least 30 days prior to the Annual Meeting in September.

The Chairman shall contact the Auxiliary Presidents/Volunteer Services Chairmen and request their input to the State Newsletter. The articles submitted should reflect the activities of their auxiliaries/volunteer services. Request the articles be proofed for typos and grammar. The chair will have a committee, to include the NMHA Liaison, for a pre-publication review and final proofing of the newsletters. The publication times shall be determined by the State President and the Newsletter Chairman with input from the NMHA Liaison.

The Newsletter shall be distributed electronically

Distribution list of the State Newsletter and other pertinent information:

One copy to the State President and Board of Directors including DVS Representative
One copy to each active Past State President with address on file
One copy to each Auxiliary/Volunteer Service and Individual Membership who is a member of the State
One copy to the Chairman and Chairman-Elect of the NMHA Board
One copy (minimum) to the file
Others as requested; i.e. AHA, COV

GUIDELINES for the NEWSLETTER CHAIR

1) Be sure to get the ‘gray’ box from the previous newsletter chairperson.
2) Make an email list of all current auxiliary presidents and the past state presidents. You will receive an updated electronic handbook after the NMHA convention. The State Handbook will have all contact information for the current and past state presidents.
3) You will be notified of changes to the presidents’ distribution by the state president or state liaison.
4) Newsletters are compiled and distributed three (3) times a year; generally, November, April, and the last one should be 30 days prior to the state convention.
5) The newsletter should have the same font for all articles; be sure to double check grammar and spelling of each article submitted.
6) Keep the articles upbeat.
7) Insert several asterisks (*), or other symbol, to serve as a break between articles.
8) After you have proofed, send a DRAFT to the State President and the State Liaison for their proofing.
9) When the newsletter has been approved for distribution by the State President, send final to the State Liaison. She will post it to the State Auxiliary web site and send you the link. You will then forward the link to the State Auxiliary Board, Auxiliary Presidents, and the Past State Presidents.
10) Submit any budgeted expenses related to the newsletter for reimbursement.

Reviewed: 4/02, 6/03, 3/04, 06/0606/10, 09/2013
Revised: 6/02, 3/04, 6/05, 09/10, 09/2013, 09/15
NEWSLETTER CONTEST

The Newsletter Contest will be held only on even numbered years, beginning in 1998.

The Newsletter Contest Chairman shall appoint four (4) judges, based on the recommendations of the District Chairmen. Each District Chairman shall be asked to select an individual from that District to serve as a judge for the Newsletter Contest. The judge may be an editor of a local newspaper or newsletter, a journalism teacher or professor, or anyone the District Chairman feels is qualified, and is willing, to participate in the program. Judges should be impartial and should not be members of an auxiliary/volunteer service or hospital staff.

Upon receipt from each District Chairman (notification of the judge’s acceptance and the judge’s name, address, telephone number, email (if available), and qualifications), the Newsletter Contest Chairman will send copies of entries, deadlines, scoring guidelines and any other pertinent information directly to each judge. (See Newsletter Contest Guidelines for detailed instructions).

The judges’ decisions are to be returned directly to the Newsletter Contest Chairman for compilation of the scoring in accordance with the Contest Guidelines. The decision of the judges shall be made known to the NMHA Liaison in time for publication in the Annual Meeting Program and preparation of awards.

Provided enough entries are received, awards will be made in each of the four (4) divisions for 1st, 2nd, and Honorable Mention.
NEWSLETTER CONTEST GUIDELINES

The Newsletter Contest shall have four (4) divisions:

1) Hospitals with 100 beds or more, and:
   a) In-house publishing* of the newsletter
   b) Professional publishing of the newsletter

2) Hospitals with 99 or less beds, and:
   a) In-house publishing of the newsletter
   b) Professional publishing of the newsletter

Auxiliaries/Volunteer Services are encouraged to participate in this endeavor. A newsletter is the most productive way for members to share common interests and exchange news and ideas.

(Please see Job Description – NEWSLETTER CONTEST CHAIRMAN for information related to judges’ qualifications and appointments.)

The scoring method to be used by each judge:

1. Format (Weight = 40%)
   a. Newsletter Heading (Eye-catching, distinctive, readable, …)
   b. Artwork (Use of photos, graphics, tables, charts, …)
   c. Ease of Reading (Fonts, type size, line spacing, eye-catching items, …)
   d. Overall Design (Page layout, clutter, use of different fonts, …)

   (Each subcategory is scored on the basis of: Excellent: 3 points; Good: 2 points; Fair: 1 point. Points for the subcategories are then summed, and the sum divided by 4 to achieve a category score.)

2. Content (Weight = 40%)
   a. Informative (Aux/Vol Svc organization news, hospital news, timely/clear notification of events, …)
   b. Interesting (Appeal to various audiences; e.g., Auxilians, Volunteers, hospital staff, …)
   c. Use of member names (Highlighted, credit for activities, …)
   d. Grammatical correctness (Punctuation, grammar, sentence sense, …)

   (Each subcategory is scored on the basis of: Excellent: 3 points; Good: 2 points; Fair: 1 point; points for the subcategories are then summed, and the sum divided by 4 to achieve a category score.)

3. Production (Weight = 10%)
   12 issues/ year or more: 3 points
   6-11 issues/ year: 2 points
   1 – 5 issues/ year: 1 point

4. Judge’s Overall Opinion (Weight = 10%)
   Excellent: 3 points
   Good: 2 points
   Fair: 1 point
Final score is obtained by multiplying the score for each category by its weight above and adding. That is, (Format Score) x 40 plus (Content Score) x 40 plus (Publication Score) x 10 plus (Judge’s Overall Opinion Score) x 10.

Each judge will submit the final score achieved by each candidate newsletter to the Newsletter Contest Chairman for compilation. Awards will be presented for 1st, 2nd, and Honorable Mention. Ties will be allowed.

Five (5) copies of each of two (2) consecutive newsletter issues for each contest entry will be required at the time of submission. The Newsletter Contest Chairman will provide one copy of each issue to each judge and will retain one copy for display at the Annual Meeting.

Entry forms will be provided to each Auxiliary President /Volunteer Service Chairman by June 1. The postmark deadline for submission of contest entries shall be July 1.

*The distinction between professional and in-house is that the professional category encompasses those situations in which a professional organization has the leeway to add/enhance artwork and pictures or to write or modify the text and/or layout. If the “professional” contribution consists of only the printing/copying/mailing effort, that is still considered to be “in-house.”
NEWSLETTER CONTEST

ENTRY FORM

(Please type or print)

Name of Health Care Institution: ____________________________________________

Name of Auxiliary President/Volunteer Service Chair: ________________________

Number of Beds (please check one): _____ 100 or More

____ 99 or Less

Publication (Please see Newsletter Contest Guidelines):

_____ Published In-House       _____ Published Professionally

Frequency of Publication: _______________________________________________

Issues Submitted for Judging: _______________   and  _______________

(date of issue)   (date of issue)

Please submit five (5) copies of each of two consecutive issues for judging (One (1) copy of each issue for each judge and one (1) copy to be displayed at annual meeting)

PLEASE SUBMIT YOUR ENTRIES TO THE NEWSLETTER CONTEST CHAIRMAN NO LATER THAN July 1, 20__.

________________________________, Newsletter Contest Chairman

________________________________ (Address)

________________________________ (City, State, Zip)

____________________________, Newsletter Contest Chairman

____________________________ (Address)

____________________________ (City, State, Zip)
Salute to Excellence
This award, which was instituted in 1990, is an acknowledgment of innovative programs which benefit local hospitals. It gives Auxiliaries/Volunteer Services the opportunity to learn about programs which might be adapted to any hospital and also gives auxiliaries/volunteer services the opportunity to be recognized by their peers for “outstanding achievement” which is the highest honor that can be bestowed in this category. This award is based on self-nomination.

The Salute to Excellence Chairman mails out letters listing all the criteria for the award, including deadlines to all Auxiliary Presidents/Volunteer Service Chairmen and Directors of Volunteer Services (DVS) by April 1, explaining the program and urging them to give thought to entering a program/project implemented in their hospital. A follow-up note to the presidents/chairmen may be prudent if response is slow in coming.

The chairman shall appoint a panel of three judges from within the auxiliaries/volunteer services or of qualified people in the community for the purpose of selecting the award recipients. Two awards shall be given. One each for hospitals of 100 or less beds and hospitals of 101 or more beds.

The selections shall be made three weeks prior to the Annual Meeting. The Salute to Excellence Chairman shall notify the State President and the NMHA Liaison of the selections. Certificates of merit shall be printed by the NMHA Liaison and presented by the Salute to Excellence Chairman at the Annual Meeting.

The local auxiliary/volunteer service is encouraged to nominate their program/project for the Hospital Award of Volunteer Excellence (HAVE) Award given by the American Hospital Association (AHA). The nomination for the HAVE Award must be endorsed by the hospital administration.
Established in 1990, Salute to Excellence is a statewide recognition program commending the hard work and dedication of hospital auxiliaries/volunteers. The program is based on self-nomination. We are looking for outstanding innovative services or programs. A certificate of merit will be given in each of the following categories:

1. Auxiliary / Volunteer Service in hospitals of 100 or less beds.
2. Auxiliary / Volunteer Service in hospital of 101 or more beds.

In-hospital Services award will be given to the auxiliary/Volunteer Service with the most unusual and innovative on-going service within the hospital.

Or

Programs for health or educational service given to your community; to include seminars, workshops, training programs, etc.

*It should be noted that any program that has previously received the Salute to Excellence award must include in its nomination package a detailed description of how the program has been enhanced since the prior submission.

You must include the following:

Who initiated the service or program
Why the service or program was initiated
When the service or program was begun
When the service or program was completed (if applicable)
How many auxiliaries/volunteers were involved in the service or program
Development of plans to achieve your goal
Results achieved
Number of auxiliaries/volunteers in your Auxiliary/Volunteer Service
Number of licensed beds in your hospital

Rules:

1. Submit three (3) double-spaced, typed copies on white letter-sized paper of 100 to 150 words, if possible.
2. State name of Auxiliary/Volunteer Service on each page submitted.
3. Each entry must be signed by the Auxiliary President/Volunteer Service Chairman and Hospital Administrator.
4. All entries must be received by August 1 Deadline (prior to annual meeting).

Send entries to: ________________________ Salute to Excellence Chairman
Address: _______________________________________
City, State, Zip: ________________________________
Phone Number: ________________________________

Award Presentation

1. At the time of presentation of the Salute to Excellence award, the recipient(s) shall give a brief explanation (one to 2 minutes) of the program for which the award was granted.
2. Certificates of Participation and Sharing shall be given to each auxiliary/volunteer service that submitted and entry regardless of whether or not they received the award.

No entries received after deadline will qualify for the award

Reviewed: 04/02, 06/03, 06/05, 09/08
This award was initiated in 1988 to recognize the outstanding contributions made by the youth in service to a member health care institution. The Chairman shall appoint a selection committee of three (3) judges to review nominee forms, essays, and letters. The judges can be from the auxiliary/volunteer service or the community.

**RULES and CRITERIA**

1. The Youth Volunteer of the Year Award is open to a boy or girl who has performed volunteer service, according to the guidelines of the member health care institution auxiliary/volunteer service during the period of October after the Annual Meeting to August of the following year.

2. The award shall be given in two (2) categories with one award recipient in each. First award shall be given for a “year-round” volunteer in the health care institution and the second award shall be given for a “summer-only” program volunteer. Criteria are as follows:
   A. Any outstanding contribution of the youth volunteer to the health care institution which demonstrates leadership, innovation, and organization.
   B. Exhibit positive attitude, dependability, personality, maturity, and compassion.
   C. Scholarship.
   D. Extra-curricular activities and awards.
   E. Nominee must complete the application form and include a handwritten or typed essay of not more than 250 words on “What Youth Volunteer Service Has Meant to Me.”

3. There will be only one nomination accepted per health care institution, per category. All nominees must be at least 14 years of age. For the purposes of this award, youths nominated must be between 14 and 18 years of age.

4. A gift ($100 check) and a certificate of merit will be awarded to the winner in each of the two (2) categories by the Chairman at the Annual Meeting.

5. The award recipients shall attend the NMHA Annual Meeting Awards event, honoring them and other category winners. Their awards shall be presented to them by the Youth Volunteer of the Year Award Chairman. **If the award recipient requests attendance of additional guests for this presentation, there will be an additional meal fee per guest. The number of guests and fees included for the event should be included in the Annual Meeting registration form sent out prior to September by NMHA.**

6. The sponsoring auxiliary/volunteer service shall be responsible for the youth volunteer at the Annual Meeting, including expenses, and shall provide appropriate supervision during that time. Youth volunteers may attend education programs and other activities at the Annual Meeting.

7. Deadline for application is August 1, prior to Annual Meeting. **ABSOLUTELY NO ONE SHALL BE CONSIDERED AFTER THIS DATE.**
NMHA
AUXILIARY / VOLUNTEER SERVICE
YOUTH VOLUNTEER AWARD CALENDAR

October
Deadline for news article to State Newsletter (following Annual Meeting)

February 15
Mail notice to all Auxiliary Presidents / Volunteer Service Chairmen apprising them of award.

March 1
Prepare news article covering rules and criteria for State Newsletter and submit to Newsletter Chairman.

April 1
Mail “Rules and Criteria” and “Nominee’s Application Form” to all Auxiliary Presidents/ Volunteer Service Chairmen.

July 10
Send reminder of deadline to Auxiliary Presidents/Volunteer Service Chairmen, if required.

August 1
DEADLINE FOR ENTRIES TO BE RECEIVED BY CHAIRMAN.

August 7
Copies of entries are delivered to the selection committee members.
Include a copy of “Rules and Criteria” and a cover letter requesting the nominees be ranked within each of the two categories (year-round and summer only). Request rankings returned by August 20.

August 20
Chairman shall assimilate rankings of judges and declare award recipients. Advise the State President and notify the NMHA Liaison of award recipient’s names, addresses and hospital, and request certificates be printed. The NMHA Liaison shall prepare the gifts ($100 check) for presentation at the Annual Meeting by the Chairman. The State Auxiliary will have responsibility of the youth awardees dinner expenses at the Awards Presentation. Also, the Chairman shall notify the sponsoring hospital and remind them of their responsibility for the youth volunteer’s expenses and travel accommodations to the Annual Meeting.

Revised: 1/96, 9/99, 6/02, 6/05, 06/10
Reviewed: 4/02, 6/03, 09/10
ANNUAL YOUTH VOLUNTEER of the YEAR AWARD
NOMINEE FORM

(Please type or print)
Youth Program: Year-Round _________ Summer-Only _________

Name of Nominee: ______________________________________________________

Home Address: _________________________________________________________

City, State, Zip: ________________________________________________________

Home Telephone: _______________________________________________________

Parents or Guardians: ___________________________________________________

School: ___________________________ Grade: _________ Age: ____

Health Care Facility: _____________________________________________________

Number of Hours of Service (10/1/___ to 7/30/____) _________ hours

1) Describe the area of your Volunteer Service and your duties:

2) Describe any extra-curricular activities or awards:

3) Please include with this application a handwritten or typed essay of not more than 250 words on “What Youth Volunteer Service Has Meant to Me.” Also, include a letter of recommendation from the sponsoring Auxiliary/Volunteer Service and from the service chairman, where applicable.

Revised: 06/06
NMHA
AUXILIARY / VOLUNTEER SERVICE
SCRAPBOOK CONTEST / YEARS OF SERVICE AWARD CHAIRMAN

Scrapbook Contest
In an effort to acquaint NMHA member auxiliaries/volunteer services with one another, a Scrapbook Contest shall be held on odd numbered years beginning in 1997.

The criteria for judging shall include the following:

- Hospitals with 101 beds or more
- Hospitals with 100 beds or less

1. Capturing the essence of the Auxiliary/Volunteer Service
2. Exhibiting originality and enthusiasm
3. Displaying artistic appeal
4. Inclusion of supporting documentation/captions.
5. Definition of a scrapbook is an album into which clippings, notes or pictures can be pasted.
6. If you have a scrapbook on a disc, please provide a hard copy for judging.

The time span shall cover twelve (12) months and match the fiscal year of the local Auxiliary/Volunteer Service. A cover page shall be included, stating the span of time for your scrapbook. A committee of the four (4) District Chairmen and two additional designees, appointed by the Scrapbook Chairman shall serve as judges. No application form is required.

The scrapbook shall be presented at the State Auxiliary/Volunteer Service Registration Desk during the Annual Meeting registration hours, first day. The judging shall take place the first day of the Annual Meeting and the award recipients shall be announced at the Awards Dinner.

The scrapbook contest shall award 1st Place, 2nd Place, and Honorable Mention. Certificates of Participation/Sharing shall be presented to each auxiliary/volunteer service that submitted an entry regardless of whether or not they received an award. The scrapbooks shall be on exhibit for attendees to view.

All Auxiliaries/Volunteer Services are encouraged to submit a scrapbook of their activities. To be considered for this award, the scrapbook must be presented at the Annual Meeting.

Revised: 4/02, 6/03, 6/05, 06/06, 09/08, 10/2013
NMHA
AUXILIARY / VOLUNTEER SERVICE
YEARS OF SERVICES AWARD

This award was established in 2001 for the purpose of honoring the auxilian/volunteer that remains current and has served for a certain number of years at his/her health care institution. The Years Honored shall be 25, 30, 35, 40, 45, 50, etc. years of service and shall be recognized at the Annual Meeting. The nominees shall have their names submitted by their local Auxiliary President/Volunteer Service Chairman. The nominations shall be sent to the Years of Service Chairman. The Chairman shall work with the NMHA Liaison to compile a list of Nominees and recognize ALL the nominees at the Annual Meeting. The award shall be given based upon the years of service that have been fully attained. Example: For the First Year the Award will be presented: 28 years shall receive a 25 Years of Service Certificate and recognition. When the auxilian/volunteer reaches 30 years, they shall be recognized again.

On May 1, the Chairman shall mail a letter and nomination form to all Auxiliary Presidents/Volunteer Service Chairmen requesting the names of ALL auxilians/Volunteers that meet the required number of years to be recognized; 25, 30,….75 years of service. They must be a current/active member. Auxiliary Presidents/Volunteer Service Chairmen responses should be received by the Chairman no later than July 1.

The Chairman shall send the final listing to the State President and the NMHA Liaison and request the certificates be printed.

The Years of Service Honor Award nominees shall be notified one month prior to the Annual Meeting. The local Auxiliary President/Volunteer Service Chairman shall notify their nominee(s) and assist the nominee(s) in making arrangements to attend the Annual Meeting for the presentation of the certificate and recognition. The State President and the NMHA Liaison shall compile a list of ALL nominees, so that certificates can be printed. The State President shall send an article honoring the Years of Service Honor Award recipients to the State Newsletter Chairman for the next publication. It is imperative that the list of award recipients be placed in the State President’s file and one filed with the NMHA Liaison each year. The recipients shall be announced by the Chairman at the Annual Meeting.

Reviewed: 4/02, 6/03, 06/10
Revised: 6/02, 6/03, 6/05, 06/06, 09/10
YEARS OF SERVICE HONOR AWARD
NOMINATION FORM

The Deadline for Returning Your Nomination(s) is: July 1, 20__

Name of Nominee: __________________________________________

Address: __________________________________________

Number of Cumulative Years: ________________________________

Name of Hospital Auxiliary/Volunteer Service: __________________________

Hospital Administrator/Chief Executive Officer: ________________________________

Name of Hospital Auxilian / Volunteer Making Nomination: ________________________

Signature of Hospital Auxiliary President/Volunteer Service Chairman: ______________

Send Form to: ____________________________ Years of Service Honor Award Chairman

_____________________________________ Address

_____________________________________ City, State, Zip

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If You Have More Than One Nominee, Please Copy This Form
Each Nominee Must Be On Separate Form

Revised: 11/00, 6/05, 06