Hilda Fountain Award of Excellence
Nomination Form
The Hilda Fountain Award of Excellence celebrates and recognizes an extraordinary volunteer who is dedicated to Wake Forest Baptist Health - High Point Medical Center and who is an inspiration and role model to other volunteers and in the community.

Please print or write all information legibly.

Step 1: Nominee Information
Volunteer’s Name ________________________________________

Step 2: Nominator Information
Your Name _______________________________________________
Circle: Hospital Employee (dept)___________ Volunteer Other
Address_____________________________________________________________________________________
City _______________ State _______ Zip Code ______________
Email Address ___________________________ Phone Number ______________
Relationship to Nominee: ________________________________

Step 3: Please complete the following questions:
The criteria for the Hilda Fountain Award of Excellence includes kindness, compassion and humility. Give examples of how the volunteer displays these:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
How has this volunteer been a positive representative of High Point Regional?
__________________________________________________________________________________________
__________________________________________________________________________________________
In what way has this volunteer inspired you?
__________________________________________________________________________________________
__________________________________________________________________________________________