

# 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:**

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**How has this volunteer been a positive representative of High Point Regional?**

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**In what way has this volunteer inspired you?**

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