

NOMINATION APPLICATIONS ACCEPTED JANUARY 1 TO AUGUST 31 FOR THAT YEAR'S AWARD.



**ILLINOIS ACTIVITY
PROFESSIONALS ASSOCIATION**

dedicated to enriching the education and professionalism of those involved in activities to enhance the quality of life for individuals residing in a variety of care settings in Illinois

APPLICATION FOR DORENE AWARD

The Dorene Award is presented to an outstanding Illinois Activity Professional; an IAPA member often nominated by the staff and residents or clients with whom he or she works. The award was founded in 1981 and was named after Dorene Oehler who was believed to be the first full-time Activity Director in Illinois. Her career as an Activity Director spanned 16 years. She was a pioneer in the Illinois Activity field. The annual award is given to the Activity Professional who contributes in an outstanding way to the Activity profession.

The winner receives a plaque for themselves, a plaque for the facility and a cash prize.

Criteria: The nominee must:

- Current member in IAPA or be represented by a facility membership
- Demonstrate knowledge of, and experience in the Activity profession
- Demonstrate creativity in the provision of Activity programs and services
- Demonstrate concern for residents/clients and their families
- Complete several continuing education seminars and/or workshops during his/her career
- Submit letters of reference in support of nominee's qualifications/qualities
- Attend the annual IAPA conference

Important! Information must be typed or very legibly PRINTED.

NOMINEE —

Name _____ Job Title _____

Facility/Agency _____

Work Address (Include City & Zip Code) _____

Home Address (Include City & Zip Code) _____

Phone Numbers (Include Area Codes) Work _____ Home _____

Email _____

NOMINATION SUBMITTED BY —

Name _____ Job Title _____

Address _____

Phone Numbers (Include Area Codes) Work _____ Home _____

Email _____

REQUIRED INFORMATION FOR NOMINATION —

Number of Years in Current Job _____ No. of years in field of Activities _____ No. of years in IAPA _____

Name of local Association _____ No. of years as Member _____

EDUCATION: (A current resume is also acceptable.)

Last school attended / Year(s) / Degree or Major _____

List any specialized training and continuing education courses and dates completed: (Copies of certificates are also acceptable.)

DESCRIBE HOW NOMINEE MEETS THE FOLLOWING CRITERIA: Knowledge and Experience in the Activity Field; Creativity; Concern for Residents/Clients

REFERENCES: List names of those whose reference letters are enclosed & their relationship to nominee.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Submit as many references as you feel are appropriate to demonstrate nominee's qualifications for this award.

Each reference letter or additional page, **MUST** have the nominee's name at the top.

Use 3-ring binders or loose-leaf binders when submitting letters and pictures.

DEADLINE: Must be RECEIVED by August 31st! MAIL APPLICATION & REQUIRED ENCLOSURES TO:

**IAPA AWARDS COMMITTEE
1711 W. Oakton • Arlington Heights, IL 60004 • 847/342-1814**