Georgia Caregiver Nomination

Nominee:_____

Nominating CARE-NET: _____

Caregivers are by definition very special people who all deserve to be recognized in this way. When telling the story of your caregiver, try to relate anything that makes them truly stand out as an example to others in the caregiving community.

In sharing the story of the nominated caregiver, include examples of any of the following:

- how this nominee exhibits exceptional compassion and dedication in their caregiving duties.
- ways in which this nominee has expanded their knowledge of caregiving skills and techniques.
- ways in which this nominee has worked to support other caregivers in the community.
- examples of why this caregiver is extraordinary.

You may attach letters of support from people who have first hand knowledge of this nominee's caregiving. No more than three letters are needed.

Also photo release form must be completed and sent in at the same time nomination is sent. A photo that could be used for presentation should be sent also.

Release Form

Georgia Caregivers of the Year Regional and State Awardees Rosalynn Carter Institute for Caregiving 800 GSW Drive Americus, GA 31709

Subject: Georgia Caregivers of the Year Regional and State Awardees

Location: Rosalynn Carter Institute for caregiving (RCI), Americus Georgia

Permission to Use Photograph and summary of significant events performed as caregiver in the December quarter's newsletter, **The Caregivers Advocate.**

I grant RCI, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject and to publish summaries of my caregiving activities without prior review of this material. I authorize RCI, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that RCI may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature	

Printed name	
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Organization Name (if applicable) _____

Address _	

Date _____