



DELAWARE VALLEY ASSOCIATION OF NEONATAL NURSES

INTERNATIONAL COMMUNITY SERVICE AWARD APPLICATION

Purpose:

- To recognize and encourage nurses who provide volunteer outreach health assessment, treatment and/or education to the international community. The International Community Service Award Recipient will be announced each October at the Delaware Valley Association of Neonatal Nurses' (DVANN) Annual Conference. The award will honor and recognize one nurse who is participating in a global outreach program or event which aids in the well-being of family centered care (mothers, fathers, and children). The recipient of the International Community Service Award will receive a monetary award of \$500. The recipient must submit an overview of experience to DVANN's Premie Press and may be offered the opportunity to participate in a DVANN sponsored educational event.

Requirements: A nominee should...

- Be a current NANN Member
- Be a current DVANN Member
- Provide evidence of registration and/or participation in a volunteer global outreach program or event

Selection Criteria:

- **Community Investment:** Volunteer participation in a global outreach program or event which includes health assessment, community intervention, and/or educational experience. This opportunity for professional advocacy and human compassion supports the mission of the Delaware Valley Association of Neonatal Nurses.

Deadline:

- For submission is **September 15, 2011.**

Application Instructions:

- The application must be completed and submitted to the DVANN Executive Board President
- and postmarked no later than **September 15, 2011** to: DVANN International Community Service Award
412 Silver Ave, Willow Grove PA 19090

Receipt of Application:

- A confirmation email will be sent to nominator's email address on application within 2 weeks.



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INTERNATIONAL COMMUNITY SERVICE AWARD
APPLICATION

Name/Credentials _____

Job Title _____

Affiliation _____

Mailing Address _____

Phone _____

DVANN Membership Expiration _____ NANN Membership Expiration _____

Email _____

Signature/Date _____

Check here to confirm this is VOLUNTEER program or event

Please attach a copy of the program or event corporation flyer or letterhead

Name of Sponsoring Organization _____

Address _____

Telephone Contact _____

Email _____

Program or Event Dates _____

