



## **Gerri Thompson Award Nomination Form**

Nominations may be written by the nominee, family members, friends, or co-workers. The Gerri Thompson Award nomination deadline is April 1st.

### **Criteria for Nominations**

- Nominees must be a Breast Cancer Survivor/Thrivers
- Nominees must have volunteered their time and talent to HCF, Bucks County Breast Friends (BCBF) or Sedona Breast Friends (SBF) to:
  - Educate healthcare workers or those living with a diagnosis or at high risk for breast cancer
  - Promote and/or model positive lifestyle practices to reduce the risk of breast cancer or its recurrence
  - Promote and/or model holistic practices that heal the mind, body and spirit of those living with a diagnosis or at high risk for breast cancer.
  - Generate grassroots or sponsor support that furthers or informs the public about the mission and work of the HCF, as well as financially supports its programming.
- Nominations will be evaluated based on the nominee support for the HCF in all the above areas.
- Judges will be a group of previous or current HCF Board Members, previous Gerri Thompson Award Recipient and at least one family member of Gerri Thompson.



# Gerri Thompson Award Nomination Form

Date Nomination Form Submitted: \_\_\_\_\_

## Nominee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please include a color photo of the nominee with your completed nomination form.**

## Nominator Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Nominee Contribution Details

Approximate overall number of volunteer hours: \_\_\_\_\_

Date volunteering began: \_\_\_\_\_

BCBF, SBF and/or HCF Committee or Board Positions held:

\_\_\_\_\_

\_\_\_\_\_

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## **Gerri Thompson Award Nomination Form**

Please describe and give examples of how the nominee educated healthcare workers or those living with a diagnosis or at high risk for breast cancer.

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Please describe and give examples of how the nominee promoted and/or modeled positive lifestyle practices to reduce the risk of breast cancer or its recurrence.

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## Gerri Thompson Award Nomination Form

Please describe and give examples of how the nominee promoted and/or modeled holistic practices that heal the mind, body and spirit of those living with a diagnosis or at high risk for breast cancer.

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Please describe and give examples of how the nominee generated grassroots or sponsor support that furthers or informs the public about the mission and work of the HCF.

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Nomination forms can be emailed to: [admin@hcf444.org](mailto:admin@hcf444.org) or mailed to:

HCF  
Attn: Gerri Thompson Award Nominations  
c/o 51 N Verde Heights Dr.  
Cottonwood, AZ 86326