

## Guardían Support Services, Inc.

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## 2017 Volunteer Guardian of the Year

## 2017 Health Care Employee of the Year

Volunteer Guardian	Health Care Employee
	Job Title
Facility Name:	
1. What makes the nominee a special guardian or health care employee?	
2. What acts of kindness/caring have you witnessed the n	ominee perform?
3. Why should this nominee be selected for an award?	
PLEASE USE THE BACK OF THIS FORM I Name, Address, Phone # & title (if applicable) of the p	F MORE SPACE IS NEEDED FOR YOUR RESPONSES person making the nomination.