



## Nomination Form

Please use this form to nominate an individual, organization, business or family to receive the Tom & Pam Hobday Spirit of Giving Award. This award is given to any individual, family or organization that has made a positive difference which caused transformational change within the Tahoe Forest Health System and who has demonstrated extraordinary dedication to the health of the community. Please use a separate form for each nomination. **Note:** *TFHD Employees are eligible to be nominated for this award based upon their volunteer efforts outside the scope of their paid position with Tahoe Forest Health System.*

Date of submission: \_\_\_\_\_

Your name: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Affiliation:  Past Recipient  Board Member  Employee  Advisory Council Member  
 Volunteer  Administration  TFHD Stakeholder  Other

### Nominee Information

We would like as much information on your nominee as possible, so that the award committee can select a deserving recipient:

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

Nominee Mailing Address: \_\_\_\_\_

Nominee Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How did the nominee make a positive difference which caused transformational change within the Tahoe Forest Health System and how did they demonstrate extraordinary dedication to the health of the community?

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How long has your nominee been involved with Tahoe Forest Health System?

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Please list any other contributions nominee has made in our community you wish to share.

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Additional comments: \_\_\_\_\_

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*“There are three kinds of people...People who watch what happens, people who wonder what happened and people who make things happen”*

Please email your completed form to:

Karli Epstein  
Tahoe Forest Health System Foundation Executive Director  
kepstein@tfhd.com