ACMC Healthcare System
2009 Community Impact Awards

Nomination Form

Nominee Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Award Category: (descriptions below) _____

Rationale for Nomination. Describe the nominee's community contributions, as well as any other major accomplishments or volunteer activities that should be considered. Please limit your description to 350-400 words. You may use the space below and on the back, or attach a typed page to this form.

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Cornerstone Award – Person, group, organization or company that best demonstrates the four foundation "cornerstones" of ACMC/Cleveland Clinic: Quality, Innovation, Teamwork, Service

Living Legacy – Person or persons who are or have been a contributor to the community, and whose positive impact continues to make Ashtabula County a better place to live, raise a family, work and play

Breaking the Barrier Award – Person or persons who have excelled in a position, program or task that had not previously been accessible to them (i.e. due to age, gender, race, nationality, heritage, religion, physical//behavioral ability, socioeconomic background, etc.)

Citizen of the Year – An individual who has given generously of their time and talents to provide and promote quality of life in Ashtabula County, (i.e. a survivor of an illness who has gone public to serve as an example of what can be overcome, someone who has given of their time without compensation—serving on governing boards, etc.)

Youth Citizen of the Year – An individual aged 18 or under who has demonstrated leadership and forethought in giving of their time and talents to make Ashtabula County better for their peers and/or future generations

Spirit of ACMC – An individual, group or organization associated with the ACMC Healthcare System, or who has partnered with the ACMC Healthcare System, that best demonstrates the Cornerstone tenets of Quality, Innovation, Teamwork and Service

Rationale for Nomination (continued)

Nominator Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

RETURN COMPLETED NOMINATION FORMS TO:

Community Impact Awards
C/O Business Development
Ashtabula County Medical Center
2420 Lake Avenue
Ashtabula, OH 44004

NOMINATIONS ARE DUE BY MARCH 1, 2010