

Susquehanna Health
C.A.R.E. Volunteer Service Partner

The **Susquehanna Health CARE Volunteer Service Partner Program** is intended to recognize volunteers for their outstanding contributions to Service Excellence. These extraordinary volunteer service partners regularly demonstrate behaviors which reflect the organization's Mission, Vision and Values.

Our Mission

To extend God's healing love by improving the health of those we serve.

Our Vision

To create an integrated community health system that delivers world class care.

Our Values

Putting patients first, sharing ownership and being servant leaders.

Nominees for this program must consistently demonstrate our commitment to **C.A.R.E.** behaviors:

Compassion and Courtesy
Accountability and Attentiveness
Respect and Responsiveness
Enthusiasm and Excellence

PROCESS

1. Complete nomination form and submit to Volunteer Services on your campus.
2. If endorsed by Volunteer Services the nomination will be forwarded to Human Resources for final approval.

**Susquehanna Health
C.A.R.E. Volunteer Service Partner
Nomination Form**

VOLUNTEER NAME: _____

DEPARTMENT/SERVICE AREA: _____

Person Making Nomination: _____

Department & Title: _____ **Date:** _____

Below are specific examples of how the volunteer service partner named above consistently demonstrates **C.A.R.E.** Behaviors by showing **Compassion and Courtesy, Accountability and Attentiveness, Respect and Responsiveness, Enthusiasm and Excellence** toward all fellow service partners, patients and visitors:

I have read the nomination criteria and respectfully nominate the above volunteer for consideration as C.A.R.E. Volunteer Service Partner.

Signature of Person Making Nomination

**PLEASE RETURN COMPLETED NOMINATION FORM TO THE
VOLUNTEER SERVICES DEPARTMENT ON YOUR CAMPUS.**