

COMPASSIONATE SERVICE AWARD APPLICATION

Requirements: Applications need to be submitted by the APPLICANT him/herself. However, agencies are encouraged to nominate and assist compassionate staff to apply.

Applicants must be a Home Health Aide, Homemaker, Certified Nurse Assistant or Personal Care Aide working for a Massachusetts licensed healthcare agency for at least 1 year and employed by the listed agency at the time this application is reviewed for consideration. She/he must have worked a minimum of 25 hours a week for at least 4 consecutive weeks in the past year.

Applications will be accepted on a rolling basis and can be submitted throughout the year for consideration. Selected recipients for the award will be announced in September/October.

Please mail completed application to the following address **OR** e-mail to **Lola@HamelLydon.com**:

Hamel-Lydon Chapel & Cremation Service of Massachusetts

650 Hancock Street, Quincy, MA 02170

RE: Compassionate Service Award

Thank you for the wor	k you do and for yo	ur application s	ubmission. We look forward to learn	ing more about you
+++++++++++++++++++++++++++++++++++++++	++++++++++++++	++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++++++++++
Date:				
APPLICANT INFO	RMATION:			
Applicant Name: _				
Home Address:				
Phone:		E-mail	:	
<i>Type:</i> □ Home Hea	ılth Aide □ Hos	pice Care Aid	e 🗆 Certified Nurse Assistant	
AGENCY INFORM	ATION:			
Agency:				
Agency Address: _				
Supervisor Name 8	& Phone:			
How long have you	worked at this cor	npany?		
Сотрапу Туре:				
□ Nursing Home	□ Home Care	□ Hospice	□ Visiting Nurse Association	□ Hospital
□ Other				

Complete application on back page. ⇒⇒⇒



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1.	Please express why you chose to work in the healthcare field.
2.	Please express why you are a good candidate for this award.
2	Describe a client or patient (first name only) whom you have cared for and the impact or
٥.	lesson he/she has had on your life.
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4. May we contact your supervisor for your consideration of this award? □ Yes □ No **THANK YOU FOR YOUR APPLICATION.**