



St. John's Riverside Hospital

# STAR of the Month

## Nomination Form

Andrus     Boyce     Dobbs Ferry     ParkCare

Nominee's Name: \_\_\_\_\_

Nominee's Department: \_\_\_\_\_

Please describe the actions/behavior that warranted you to complete this form. Please be specific providing as many details as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe why you feel the person named above should be considered to be STAR of the Month:  
(If you need additional space, please use the reverse side of this form).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominator's Full Name: \_\_\_\_\_

Telephone or Ext.: \_\_\_\_\_

Date: \_\_\_\_\_

