

# NOMINATION FORM



**The DAISY Award** can be given to a **nurse** whose clinical skill and compassionate care exemplify the kind of nurse that our patients, their families and our staff consider as outstanding. Daisy award recipients go above and beyond the norm to demonstrate:

- Empathy
- Positivity
- Selflessness
- Kindness
- Extraordinary Care
- Humility



**The BEE Award** can be given to any exceptional St. Peter's Health **staff member**. A deserving recipient of this award:

- Treats everyone with dignity, respect & loving-kindness
- Keeps colleagues and patients safe, in every sense of the word
- Cultivates joy, pride and a sense of belonging
- Drives excellence through learning, innovation and continuous improvement

I nominate (first and last name): \_\_\_\_\_ for the ☐ Daisy Award ☐ Bee Award

Unit/Department: \_\_\_\_\_ Nomination Date: \_\_\_\_\_

Please describe a situation involving your nominee that clearly demonstrates they meet the award criteria:

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Please tell us about yourself, so that we may include you in the celebration of this award should your nominee be chosen.

I am a: ☐ Patient ☐ Family/Visitor ☐ Staff ☐ Doctor ☐ Volunteer

Your name (first and last): \_\_\_\_\_ Unit/Department: \_\_\_\_\_

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

## Submit nominations to:

Volunteer Services Coordinator  
2475 E. Broadway  
Helena, MT 59601  
(406) 447-2520  
volunteerprogram@sphealth.org



St. Peter's Health

☐ Manager acknowledges this nominee is in good standing

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

Title: \_\_\_\_\_

