



Nomination Form

The BEE Award can be given to any exceptional general or professional St. Peter's Health staff member. A staff member is a deserving recipient of this award when they consistently go above and beyond the norm and meet all of the following criteria:

- Treats every person with dignity, respect and loving-kindness
- Keeps colleagues and patients safe, in every sense of the word
- Empowers and invests in our people to help them grow and thrive
- Inspires collaboration to cultivate joy, pride and a sense of belonging
- Drives excellence through learning, innovation and continuous improvement
- Stewards our resources wisely so we can fulfill our mission

Nominee (first and last name): _____

Unit/Department: _____ Nomination Date: _____

Please describe a situation involving your St. Peter's Health staff member nominee that clearly demonstrates they meet the criteria for **The BEE Award**:

Thank you for taking the time to nominate an extraordinary staff member for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the staff member you nominated be chosen.

I am a (please check one): ☐ Patient ☐ Family/Visitor ☐ Staff ☐ Doctor ☐ Volunteer

Your name (first and last): _____ Unit/Department: _____

Phone: _____ Email: _____

Please submit nominations to:

Volunteer Services. If you have questions, please email volunteerprogram@sphealth.org. Forms can be mailed to 2475 E. Broadway Helena, MT 59601. Attn: Volunteer Services

Manager Acknowledgement: I acknowledge that this staff member is in good standing.

Signed: _____ Title: _____ Date: _____

