



Geri Thompson Award Nomination Form

Nominations may be written by the nominee, family members, friends, or co-workers. The Geri Thompson Award is presented annually at the HCF Celebration of Healing Event. Nominations will be accepted between the middle of December and end of January annually.

Criteria for Nominations

- Nominees must be a Breast Cancer Survivor/Thriver
- Nominees must have volunteered their time and talent to HCF or Bucks County Breast Friends (BCBF) to:
 - Educate healthcare workers or those living with a diagnosis or at high risk for breast cancer
 - Promote and/or model positive lifestyle practices to reduce the risk of breast cancer or its recurrence
 - Promote and/or model holistic practices that heal the mind, body and spirit of those living with a diagnosis or at high risk for breast cancer.
 - Generate grassroots or sponsor support that furthers or informs the public about the mission and work of the HCF, as well as financially supports its programming.
- Nominations will be evaluated based on the nominee support for the HCF in all the above areas.
- Nominations are open to members of the Bucks County Breast Friends, Current and Past HCF Board (who are not serving as Judges), Donors and Supporters.
- Judges will be a group of previous or current HCF Board Members, previous Geri Thompson Award Recipients and at least one family member of Geri Thompson.



Gerri Thompson Award Nomination Form

Date Nomination Form Submitted: _____

Nominee Information

Name: _____

Address: _____

Phone: _____

Email: _____

Please include a color photo of the nominee with your completed nomination form.

Nominator Information

Name: _____

Address: _____

Phone: _____

Email: _____

Nominee Contribution Details

Approximate overall number of volunteer hours: _____

Date volunteering began: _____

BCBF and/or HCF Committee or Board Positions held:



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Please describe and give examples of how the nominee educated healthcare workers or those living with a diagnosis or at high risk for breast cancer.

Please describe and give examples of how the nominee promoted and/or modeled positive lifestyle practices to reduce the risk of breast cancer or its recurrence.



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Please describe and give examples of how the nominee promoted and/or modeled holistic practices that heal the mind, body and spirit of those living with a diagnosis or at high risk for breast cancer.

Please describe and give examples of how the nominee generated grassroots or sponsor support that furthers or informs the public about the mission and work of the HCF.

Nomination forms can be emailed to: administrator@hcfbucks.org or mailed to:

HCF
Attn: Gerri Thompson Award Nominations
45 Second Street Pike
Southampton, PA 18966