



**KINDERVELT** OF CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

**Barbara Fitch Kindervelt Award Nomination Form**

Nominee: \_\_\_\_\_  
Kindervelt Group: \_\_\_\_\_ Year Joined (if known): \_\_\_\_\_  
Person Making Nomination: \_\_\_\_\_  
Nominator's Phone Number: \_\_\_\_\_

Nominees must meet the following criteria:

- Be a current Kindervelt member who has at least 5 active membership years with Kindervelt.
- Has held a leadership position in Kindervelt, i.e. group officer, group project leader, Citywide Board, Markt Steering Committee, Nominating Committee, etc.

Please list positions the nominee has held:

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

Explain how this nominee exemplifies qualities of **enthusiasm** for and **dedication** to Kindervelt. Be sure to include specific examples of her **positive attitude** and **commitment** to Kindervelt's support of CCHMC:

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

(Use the reverse side of this page, or a second sheet if necessary)

**Please return this form by March 31, 2008 to: Sheila Maxwell, Kindervelt City  
Vice President  
Or mail to Sheila at 2636 Royalwoods Court Cincinnati, OH 45244**

The Award Committee will review all nominations and the award will be presented at the Kindervelt Annual Meeting in May. Thank you for taking the time to nominate your fellow Kindervelt member.