



The PETAL Award



Performing Exceptional Tasks and Affirming Lives
For Non-Nursing Staff Members who go above and beyond in their daily tasks at
Greene County General Hospital

Nomination Form

I would like to nominate _____ from the _____ department/unit as a deserving recipient of the PETAL Award. This staff member's skill and especially his/her dedication to excellent serve and/or patient care exemplify the kind of staff that should be recognized as an outstanding role model.

Please describe a specific situation or story that clearly demonstrates how this employee impacted your stay, visit, or work at Greene County General Hospital by providing exemplary service, or going above and beyond the normal scope of their position.

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

Your Name _____

Phone Number _____

Email _____

I am (Please circle one.):

Patient

Family/Visitor

MD

Staff

Volunteer

Date of Nomination _____

SUBMIT THIS FORM VIA MAIL TO GREENE COUNTY GENERAL HOSPITAL 1185 N 1000 W LINTON, IN 47441, ATTN: PETAL AWARD SELECTION COMMITTEE.