Nomination Guidelines for Dean’s Community Service Awards

The advisory committee for the Community Service Award will review the nominations and select at least one recipient for each of the four categories.

Eligibility Criteria for Each Award Category

Each nominee must meet one of the criteria below:

- **Faculty (instructor through professor)** must be based at HMS/HSDM or at a HMS-affiliated institution
- **Trainee** must be a house officer, clinical, research or post-doctoral fellow based at HMS/HSDM or HMS-affiliated hospital or institution
- **Student** must be enrolled at HMS/HSDM or under the HMS Division of Medical Sciences
- **Staff** must work directly for HMS or HSDM (i.e., must receive a Harvard paycheck)

Self-nominations are accepted and encouraged.

All nominations must be submitted online.

**EXAMPLES** of the types of involvement that the committee will consider may include, but are not limited to:

- Service with an established community service organization or faith community that goes beyond what the agency considers to be as work of routine volunteer;
- Creative effort to develop and/or sustain a new program within an existing service agency;
- An overall commitment to service as shown by duration of involvement in one or more programs;
- Development of a one-time service effort, such as an annual event or a disaster relief effort;
- Helping to found a new independent service or program.

**QUESTIONS on the NOMINATION FORM**

**Nominee and Nominator Information**

**Nominee’s Community Service Activities**

Please provide the following information about the organization or program that the nominee serves. It is important to be specific and include as many details as possible. Please note this organization must have a non-profit (501c) status to receive the donation if it is selected.

**Organization Name, Location (City, State), Website**

**Mission of the organization.**

**Please describe the individuals or the community served by the organization.**

**Impact of the nominee’s service/work on the organization/activity and the community/individuals served.**

**Length and frequency of Service**

**Nominee’s work for the organization/activity been:**

Externally Funded (If yes, specify by whom)
Replicated (If yes, specify by whom)
Disseminated (If yes, specify by whom)
Published (if yes, specify by whom)