



Mercy Hospital St. Louis

Sunshine Award

This recognition and reward program is to our co-workers who provide non-nursing ancillary care, support services personnel, and volunteers.

This award honors the highly valued and appreciated co-workers and volunteers who show exceptional service and compassion every day.

Sunshine Award nominees will be selected quarterly by the Sunshine Award Committee. The honoree will receive a certificate commending her or him for being an extraordinary co-worker or volunteer.

Sunshine Award recipients may be nominated by patients, visitors, co-workers, volunteers, or physicians. To nominate an extraordinary co-worker or volunteer, fill out the nomination form on the reverse side of this brochure.

*Thank you for nominating a
Mercy Hospital St. Louis co-worker.*

STL_36589 (3/15/19)



Mercy Hospital St. Louis
Attn: Sunshine Award
Administrative Offices
3rd Floor Convent
615 S. New Ballas Rd.
St. Louis, MO 63141



Mercy Hospital St. Louis

Sunshine Award

**Say thank you to our
co-workers or volunteers for
bringing sunshine to your day.**

*Share your story about someone
who made your day!*

Sunshine Award honorees personify the remarkable patient experience at Mercy Hospital St. Louis. These co-workers and volunteers consistently demonstrate excellence through their extraordinary compassionate care. They are recognized as outstanding role models in our community.



Your life is our life's work.

The Sunshine Award



How to nominate a co-worker or volunteer for the Sunshine Award:

Patients, visitors, co-workers, or physicians may nominate a deserving Mercy Hospital St. Louis co-worker or volunteer by filling out this form and submitting it by mail or to any member of Management.

Please describe a specific situation or story that clearly demonstrates how this co-worker or volunteer made a meaningful difference in your visit. Feel free to use additional pages.

Name of the co-worker:

Thank you for taking the time to nominate one of our extraordinary, compassionate co-workers or volunteers.

Please tell us about yourself, so that we may include you in the celebration of this award if the person you nominated is chosen.

Your Name:

I am (please check one):

- Patient Co-Worker MD
 Family/Visitor Volunteer

Date of nomination:

How may we reach you?

Phone: _____

Email: _____



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mercy.net