

Volunteer Nomination Form

In recognition of outstanding volunteer service



Date: _____

Your Name: _____

Department/Program: _____

Volunteer Name: _____

How has this volunteer surpassed your expectations? Please provide examples of specific memories, interactions or instances.

Describe the unique skills, qualities or attributes that make this volunteer a valuable member of your team.

Please return to: Nora Milne, Coordinator Volunteer Resources
nora.milne@wchospital.ca 416-323-6400 ext. 4014