



Canadian Mental
Health Association

Association canadienne
pour la santé mentale
Windsor-Essex

REFID:

VOLUNTEER OF THE YEAR AWARD NOMINATION FORM

Please do not use your name or the volunteer's name on this form

The recipient will be chosen based on the following statements and how he/she meets the selection criteria.

A one page submission may accompany the nomination form to highlight accomplishments.

Length of Volunteer Involvement: (How long has the person been volunteering with CMHA and approximately how many hours/days per week/month does the person volunteer?)

Description of activities for which they are being nominated:

What makes the nominee's contribution especially valuable or necessary? (How does the work reflect CMHA-WECB's Mission, Vision and End Statements?)

Other information for consideration: