



**Canadian Mental
Health Association**
Windsor-Essex County

VOLUNTEER OF THE YEAR AWARD NOMINATION COVER SHEET

Name of Volunteer Nominee: _____

Program/Dept. (list all) _____

Nominated by: _____

Title: _____

Signature: _____

Date: _____

Instructions:

Please fill out the attached form and return with this cover in a sealed envelope or by email to Kerri Hill (khill@cmha-wecb.on.ca) no later than **Wednesday, May 25, 2022**.

Do not put any identifying information about yourself or the nominee on the nomination form.

You may use both sides of the form or attach additional comments – but no more than one page – type written is preferred, but if done by hand, please write or print clearly as the documents must be photocopied.

Nominees will be awarded points based on length of service, number of hours worked and how the person contributed to the agency's mission, vision, values and end statements so please be as specific as you can in your response.

All submissions will be reviewed by the Volunteer of the Year Selection Committee. The winner will receive the award at the Annual General Meeting in September.

Thank you for your support of the Volunteer Program!



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: