



Volunteer of the Month Nomination Form

If you would like to nominate a Sparrow Volunteer for “Volunteer of the Month” please complete the following form.

Group/Person submitting: _____ Phone # _____

Volunteer to be nominated: _____

Number of volunteer years of the candidate: _____

Name three reasons why this candidate is submitted:

- 1.
- 2.
- 3.

Give an example of going beyond the call of duty:

Give an example of what this person has had added to your group:

Something about the individual that is interesting, e.g. Husband, wife, children, past employment, suggestions within/outside of the hospital:

Thank You

Sparrow Women’s Board of Managers
Volunteer Services Committee