

Volunteer of the Year Nomination Form



Please send completed form to: jana_widmeyer@trihealth.com

Sponsored by the Auxiliary of Bethesda Hospital

Your Name (first, last)

Your Email Address

Your Phone Number

Volunteer Information

Please provide information about the individual you are nominating.

Volunteer Name

Area where Nominee Volunteers

Volunteer Role/Duties

Briefly list three reasons why this volunteer is worthy of the nomination.

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Why is the Nominee an outstanding Volunteer?