



**GEORGIA VOLUNTEER  
HEALTHCARE PROGRAM**



**Volunteer of the Quarter/Year  
Nomination Form**

**Date:** \_\_\_\_\_

**Name of Nominee/Volunteer:** \_\_\_\_\_

**Volunteer site/Clinic Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Nomination for:** Volunteer of the Quarter  Volunteer of the Year

**Nomination Category:** Administrative Support &  
Eligibility and Referral Specialist   
Health Care Provider

**Nomination submitted by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Please provide background information (i.e., Nominee’s occupation, years of service, how he/she joined the program, etc.):**

**Describe the nominee’s contribution to the program and community:**

**Describe how the nominee’s contribution exceeds expectations (go above and beyond assigned responsibilities and duties):**

**Has the nominee consistently contributed to the program with little or no gaps in his/her volunteering services?**

Yes

No

**If no, please explain reason for gap in volunteer service:**

**PLEASE RETURN NOMINATION FORM TO THE  
GVHCP REGIONAL COORDINATOR IN YOUR AREA**