

Volunteer Nomination Form

| Volunteer's Name: | | | |
|--|--|-------|---|
| Volunteer's Address | | | |
| Volunteer Phone # | or other | | |
| Nominator: | Phone# | or | |
| List the volunteer activities this p for their volunt | erson is involved with and who teer contributions. Please limit | = = = | _ |
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Volunteer Appreciation Night will be held on April 13 in Valleyview and April 14th in Grovedale Nomination deadline is March 31, 2016

Return Form To:

Green View FCSS Box 1079 4707-50 St. Valleyview

Fax: 780-524-4130

Email: lisa.hannaford@greenviewfcss.ca