



St. Vincent de Paul Volunteer Of the Month Award

Name of Nominee:

Date Submitted:

Name of department(s) or program(s) or Conference the volunteer is involved in:

Nominee Contact Information; address, phone and email (If nominee is an organization or business, please indicate the representative who will be receiving the award):

Nominators Name, and Contact Information (Phone number or email.)

How long has nominee
volunteered with SVdP:

When is a good time to contact the
Nominator? IE: Day/Evening

Description of Outstanding Volunteer Qualities:

Please describe the nominee's contributions and indicate how their contributions is linked to success or achievement