

21st Annual **Employee of the Year Luncheon April 21, 2017**

VOLUNTEER NOMINEE

Nominator Name:			
Title:	Hospital:		
E-mail:	Phone:		
Address:	City:	State:	Zip:
Nominee Name:			
Nominee Name Pronunciatio	n:		
Title:			
Hospital:			
Hours volunteered per wee	ek:		
E-mail:	Phone:		
Address:	City:	State:	Zip:
Nominated spCommitted to	t a paid employee, associated with hospital/ pecifically for their volunteer work within hos quality and service and inspires other volu s care, compassion and concern for patients	spital nteers	ers
one nominee per hospital.	e include department person works in and nu Deadline for nominations is Friday, March 10 nator will receive e-mail confirmation.	•	,
Please return these items:	• •	Nominee Phot Photo Release	•
E mail to			

Workforce@dfwhcfoundation.org

For information contact:

Jordania Lilly or Sally Williams at 972-719-4900