

MOW/MOWAM VOLUNTEER RECOGNITION AWARD: NOMINATION FORM

Please use this form to submit a nomination for the MOW/MOWAM Volunteer Recognition Award. The deadline to submit a nomination is January 15th 2026

NOMINATOR		
First Name:	Last Name:	<i>Please circle if you are a:</i> Volunteer/ Client/ Staff
Phone number:	Email:	

NOMINEE		
First Name:	Last Name:	Date of Nomination:
<p><i>*If you do not know the volunteer's name or are not able to fill out the form, please call the MOW office at (416) 447-7244 ext. 712 and our MOW Staff can fill out the form for you.</i></p>		

NOMINATION JUSTIFICATION
<p>Dedication- We define “<i>dedication</i>” as demonstrating commitment and passion to the MOW/MOWAM program through one’s time, efforts, and attitude. <i>Please explain in your own words why this nominee fits our definition of dedication.</i></p>
<p>Reliability- We define “<i>reliability</i>” as the capacity to be trusted, accountable, and honour commitments when volunteering. <i>Please explain in your own words why this nominee fits our definition of reliability.</i></p>

Teamwork- We define “*teamwork*” as the ability to work collaboratively with other volunteers and staff and treat them with respect, dignity, and compassion.

Please explain in your own words how this nominee fits and demonstrates our definition of teamwork.

Communication- We define a “*good communicator*” as having the ability to be responsive, empathetic, and responsive when engaging with clients, other volunteers, and staff.

Please explain in your own words how this nominee fits our definition of a good communicator.

Professionalism- We define “*professionalism*” as demonstrating integrity, confidentiality, and being an authentic representation of the MOW/MOWAM service.

Please explain in your own words how this nominee demonstrates our definition of professionalism.

Additional comments:

Is there anything else you’d like us to know about this volunteer and why they are a good nominee for this award?

Thank you for filling out the nomination form! Please send the completed nomination form to Volunteerservices@betterlivinghealth.org or bring it to the MOW/MOWAM offices.

In loving memory of Noshir Kanga