



CAHHS VOLUNTEER LEADERSHIP Committee on Volunteer Services Nomination Form

NOMINEE

| | |
|----------------------|-------------------------|
| Name _____ | Email Address _____ |
| Street Address _____ | City, State & Zip _____ |
| Home Phone _____ | Cell Phone _____ |

EXPERIENCE

Please list hospital, position(s) held and date(s) of service, including hospital committees and boards. Use additional paper as needed.

| | HOSPITAL | POSITION | SERVICE DATES |
|----|----------|----------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Please list additional volunteer experience. Use additional paper as needed.

| | ORGANIZATION | POSITION | SERVICE DATES |
|----|--------------|----------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

HOSPITAL INFORMATION

| | |
|--|----------------|
| Hospital Name _____ | Location _____ |
| Hospital Membership Affiliations (check all that apply) | |
| <input type="checkbox"/> California Hospital Association <input type="checkbox"/> Area Council (insert name) _____ | |

HOSPITAL ENDORSEMENT

On behalf of _____, I endorse _____ as a candidate for the
(insert hospital name) (insert nominee name)

CAHHS Committee on Volunteer Services.

| | |
|-------------------------------|-------------|
| Hospital Representative _____ | Title _____ |
| Email Address _____ | Phone _____ |

SUBMITTED BY

| | |
|---------------------|----------------------|
| Name _____ | Date: ____/____/____ |
| Email Address _____ | |

[Click here](#) to save. [Click here](#) to print. Mail or fax to:
 Mail: CAHHS Volunteer Services
 1215 K Street, Suite 800
 Sacramento, CA 95814
 Fax: (916) 552-2610

