



**THE MOST VENERABLE ORDER OF THE HOSPITAL OF  
ST. JOHN OF JERUSALEM  
Priory Vote of Thanks  
Request Form**

<b>SUBMITTING COUNCIL / SPECIAL CENTRE</b>		<b>ALL NOMINATIONS MUST BE KEPT CONFIDENTIAL</b>	
British Columbia, Yukon			
<b>CRITERIA</b>			
A PVOT IS AWARDED IN RECOGNITION OF EXEMPLARY, DEDICATED SERVICE, ASSISTANCE OR SUPPORT TO THE ORDER OF ST. JOHN IN CANADA ON A PARTICULAR OCCASION, OR OVER A PERIOD OF YEARS. A PVOT MAY BE AWARDED TO NON-ST. JOHN VOLUNTEERS OR ORGANIZATIONS WHO HAVE GIVEN SPECIAL SERVICE TO ST. JOHN OUTSIDE OF CONTRACTUAL ARRANGEMENTS. MEMBERS OF THE ORDER ARE <b>NOT</b> ELIGIBLE FOR A PVOT.			
<b>CANDIDATE OR ORGANIZATION'S FULL NAME</b> <i>(AS IT IS TO APPEAR ON CERTIFICATE)</i>		<b>ALLIANCE REF</b>	
		<b>LANGUAGE</b>	Drop Down Menu
<b>COMPLETE ADDRESS</b>			
		<b>TEL (H)</b>	
		<b>TEL (W)</b>	
		<b>CELLULAR</b>	
		<b>E-MAIL</b>	

<b>REASON FOR AWARDING PVOT</b>	<b>REPLACEMENT</b>	<input type="checkbox"/>	<b>YEAR OF ISSUE</b>	

**SIGNATURE BLOCK**

<b>NOMINATOR / BRANCH</b>	<b>DATE</b> _____
_____	_____
_____	_____
SIGNATURE	
_____	_____
PRINT NAME	

<b>COUNCIL / SPECIAL CENTRE HONOURS &amp; AWARDS CHAIR</b>	<b>DATE</b> _____
_____	_____
_____	_____
SIGNATURE	
_____	_____
PRINT NAME	

**CONTACT & MAILING ADDRESS (FOR RETURN OF AWARD FOR PRESENTATION)**

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