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| **IMPORTANT -- NOMINATIONS MUST BE KEPT CONFIDENTIAL**  |

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| **Nominating Council / Adjunct Training Centre** |  | **Order of St. John** |  |
| **Criteria for Nomination** |
| The St. John Medallion is created to provide a suitable form of recognition for individuals and groups where an appointment or promotion to the Order of St. John or the awarding of a Commendation or PVOT would not be appropriate because of the status of the nominee, the honours and awards already received or the nature of their function. This award is divided in to three categories to recognize volunteers, members of the paid staff of St. John or any individual or organization that through philanthropy, supports the charitable work of the Order. Deadlines for nominations are March 31 and September 30 of each year.  |

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| **Full Name & Mailing Address *(include rank and post-nominals if applicable)*** | **alliance ref** |       |
|       | **Language** |  | **Gender** |  |
| **Tel: (H)** |       | **Tel: (W)** |       |
| **E-mail:** |       |
| **Years of Volunteer service**  |  |

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| **Candidate is being nominated for:** |
| ***[ ]***  | **Dedicated Service** | *Criteria:* May be awarded to eligible individuals to recognize their dedicated volunteer service over a significant length of time or under extraordinary circumstances which deserves recognition but is not eligible for other St. John honours or awards. |
| ***[ ]***  | **Distinguished Service by a St. John Employee** | *Criteria:* May be awarded to eligible employees or groups of employees for service of a rare and exceptionally high standard, which accrues great benefit to the Priory as a whole. |
| ***[ ]***  | **Excellence in Philanthropy** | *Criteria:* May be awarded to eligible individuals, organizations or industries to recognize outstanding contributions in time, leadership or financial support to further the mission of the Order of St. John or its charitable foundations, St. John Ambulance or the St. John Eye Hospital. |

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| **Basis for nomination** |
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**REQUIRED SIGNATURES & DATES**

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| **Nominator:** | **Branch Chair:****(Please indicate if not applicable)** | **Chair:****Council Honours & Awards** | **Council Chair:** |
|  |  |  |  |
| Print Name | Print Name | Print Name | Print Name |
|  |  |  |  |
| Signature  | Signature  | Signature  | Signature  |
|       |       |       |       |
| Date | Date | Date | Date |