



St. John Ambulance Organ Donor Award

St. John Ambulance recognizes individuals, both deceased or living, who have saved or attempted to save a life, by donating any solid organs (heart, lungs, kidneys, liver, pancreas, or small bowel) or tissues (corneas, heart valves, tendons, skin, and bone).

1. Details of Donor

Name:	_____	Gender	_____
Address:	_____	Age	_____
City:	_____	Province:	_____ Postal Code: _____
Res:	_____	Work:	_____

2. Details of Recipient (Optional)

Name:	_____	Gender	_____
Address:	_____	Age	_____
City:	_____	Province:	_____ Postal Code: _____
Tel:	_____	Work:	_____

3. Particulars of the Donation

Date:	_____	Hospital:	_____
City & Prov:	_____		

4. Privacy Statement

St. John Ambulance respects your right to privacy. We only collect personally identifiable information that is willingly provided by you when completing this application. St. John Ambulance will use the name of the nominee and the details of the circumstances solely for the purpose of awarding the act of gallantry. We do not publicize or reveal the name(s) of the casualty(s). Records are maintained for internal reporting purposes only. We will not share identifying information unless you specifically authorize us to do so. If you provide us with your address, we may send you newsletters or other correspondence regarding the activities of St. John Ambulance.

Below or on a separate sheet, please summarize all statements. Provide all the details surrounding the circumstances of the donation.

Provide supporting documentation obtained from the respective Provincial Organ Donor Agency (and hospital, if available). Please list all documentation:

Name:		
Address:		
City:	Province:	Postal Code:
Tel (H):		Tel (W):
Signature		Date

Signature

Date

or call 613-236-7461 for more information.