



**The Order of St. John  
Priory of Canada**

**Application for the Service Medal of the Order/  
Bar to the Service Medal of the Order**

**Application is for the:**

- Service Medal of the Order
- Bar to the Service Medal
  - Year Service Medal rec'd \_\_\_\_\_
  - Year last Bar rec'd \_\_\_\_\_

Nominees for the Service Medal of the Order must have not less than twelve years satisfactory service on behalf of St. John. This application must be completed in its entirety and in detail, for the nomination to be considered. Nominees for the Bar to the Service Medal need only complete information for five years. Corroborating signatures certify that the details of service are correct.

Name	Given Names	
Home Address		Postal Code
Telephone Number (       )	Current Position in St. John	

1. Year	Position Held	Number of hours of voluntary service
Details of Service		
Corroborating Signature	Name, Title (Please print)	Date

2. Year	Position Held	Number of hours of voluntary service
Details of Service		
Corroborating Signature	Name, Title (Please print)	Date

3. Year	Position Held	Number of hours of voluntary service
Details of Service		
Corroborating Signature	Name, Title (Please print)	Date

4. Year	Position Held	Number of hours of voluntary service
Details of Service		
Corroborating Signature	Name, Title (Please print)	Date

5. Year	Position Held	Number of hours of voluntary service
Details of Service		
Corroborating Signature	Name, Title (Please print)	Date

6. Year	Position Held	Number of hours of voluntary service
Details of Service		

Corroborating Signature		Name, Title (Please print)	Date
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7. Year	Position Held	Number of hours of voluntary service	
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Details of Service			
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Corroborating Signature		Name, Title (Please print)	Date
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8. Year	Position Held	Number of hours of voluntary service	
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Details of Service			
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Corroborating Signature		Name, Title (Please print)	Date
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9. Year	Position Held	Number of hours of voluntary service	
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Details of Service			
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Corroborating Signature		Name, Title (Please print)	Date
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10. Year	Position Held	Number of hours of voluntary service	
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Details of Service		
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Corroborating Signature	Name, Title (Please print)	Date
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11. Year	Position Held	Number of hours of voluntary service
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Details of Service		
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Corroborating Signature	Name, Title (Please print)	Date
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12. Year	Position Held	Number of hours of voluntary service
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Details of Service		
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Corroborating Signature	Name, Title (Please print)	Date
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Nominee Signature	Council President or Special Centre Chairperson
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Date	Date
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Nominating Council or Special Centre
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For National Headquarters use only.

**Completed Form should be sent to:** Secretary of the Order  
St. John Ambulance  
National Headquarters  
1900 City Park Drive, Suite 400  
Ottawa, Ontario  
K1J 1A3

Rev. Aug. 2002