



**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.

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|-------------------------------|------------------------------|
| 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 |

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

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

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

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| 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