

The Honourable Mayann Francis Faith in Action Award 2017

Consent Form

Individual Nominee's name: _____

Address: _____

City: _____ County: _____

Postal Code: _____ Phone: _____

Nominator's name: _____

Address: _____

City/Town: _____ County: _____

Postal Code: _____ Phone: _____

- We may contact you for information or clarification regarding your nomination.
- The information collected through the application process will be used only to determine the recipient of the Honourable Mayann Francis Faith in Action Award.
- Nominations must be postmarked no later than March 9, 2017. Late entries are invited to reapply the following year.

Nominator's Signature: _____ Date: _____

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In signing below, I certify that I agree to let my name or group's name stand for the nomination. I consent to releasing the information included in this nomination to the Award Selection Committee and the media for news releases and articles. I also consent to releasing my phone number to be contacted by the media for interviews about the recipient of the Honourable Mayann Francis Faith in Action Award and, if selected for an award, for photos taken at the ceremony.

Nominee's Signature: _____ Date: _____

Note: The nominee or official organization representative must sign to be considered.