

**PAM MCLERNON**  
**VOLUNTEER**  
**ENGAGEMENT**  
**AWARD**  
**NOMINATION**  
**FORM**

*Please note that only nominations submitted between  
November 2 and December 1st, 2021 will be accepted.*



# 1.

## Information about the person submitting the nomination

*If you are the candidate, please go directly to Step 2*

**Ms.**

**Mr.**

*Given name, surname*

*Telephone (main)*

*Telephone (other)*

*Email*

*Mailing address*

*Language of correspondence*

English

French

# 2.

## Information about the nominee

**Type of nomination**

Individual

Team

**Ms.**

**Mr.**

*Given name, surname*

*Telephone (main)*

*Telephone (other)*

*Email*

*Mailing address*

*Language of correspondence*

English

French

\*If the nomination includes several nominees, please provide the contact information of the main nominee (representing the group) on this form, and fill out the *Addition of volunteer nominees* form to provide the names and contact information of the other nominees.

### 3.

### Information about the nomination

#### ***Reason for submitting the nomination***

Please state the reason for your decision to submit the nomination including how the volunteer's commitment or contribution has had a beneficial impact on the cause of breast cancer.

4.

Signature

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*Date and signature of the person submitting the nomination*