

Veterans Ombud Commendation Nomination Form

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Nominator Information:

First name: _____ **Last Name:** _____
Organization: _____
Address: _____ **Postal Code:** _____
City: _____ **Province:** _____
Telephone number: _____ **Email address:** _____
Preferred Language: _____
Signed: _____ **Dated:** _____

Nominee Information (individual, organization or group):

Name: _____ **Last Name:** _____
Address: _____ **Postal Code:** _____
City: _____ **Province:** _____
Telephone number: _____ **Email address:** _____
Preferred Language: _____

Please select which category you wish the nominee to be considered for?

National Organization or Group: _____ Individual: _____
Local Organization or Group: _____ Lifetime Contribution: _____

Name of the organization or group nominee is a part of:

Duration of involvement in organization or group:

If an organization or group, number of years in operation:

Specific accomplishments achieved by the nominee:

Detailed Rationale (Approximately 300 words in length):

Provide a summary of why this person, organization or group should be awarded the Veterans Ombud Commendation. Use specific examples about their contributions to the Veteran community, their accomplishments, and the duration which they have been positively contributing to the lives of Veterans and their families. Explain in detail how the work the nominee has done has resulted in long lasting and positive impacts on the well-being of Veterans and their families.

Letters of Support

Two letters of support are required as part of the nomination package. These letters must be completed by someone other than the nominator. Each letter must be written by someone who has direct knowledge of the nominee's accomplishments and their impacts. Scanned copies or emailed statements are permissible.

Please provide information about the author of each letter

First Letter of support submitted by:

First name:

Last Name:

Relationship to nominee:

Affiliation (group, organization or agency):

Telephone number:

Email address:

(cont'd on next page)

Second Letter of support submitted by:

First name:

Last Name:

Relationship to nominee:

Affiliation (group, organization or agency):

Telephone number:

Email address:

Privacy Statement:

The information you provide is collected under the authority of the Veterans Ombud (OVO) Order-in-Council P.C. 1948-811 and Order-in-Council P.C. 1965-688 for the purpose of the Veterans Ombud Commendation and is protected from unauthorized disclosure by the Privacy Act.

You may request your personal information at any time by quoting Personal Information Bank No. VAC PPU 621 to the Access to Information and Privacy Coordinator, Office of the Veterans Ombudsman, PO Box 66, Charlottetown, PE, C1A 7K2.