

VANCOUVER 2010 OLYMPIC TORCH RELAY Youth Flame Attendant Program



Return the completed nomination form to:



Assembly of First Nation
Trebla Building
473 Albert Street, Suite 810
Ottawa, ON K1R 5B4
Telephone: 613.241.6789

I nominate the following person to be a Vancouver 2010 Olympic Torch Relay Youth Flame Attendant:

NOMINEE INFORMATION (Please complete every part of this section)

Name:	First name	Surname		
Mailing address:	Street address	Community	Province/territory	Postal code
E-mail address: (optional)				
Contact phone #(s):				
Birth date:	dd	mm	yyyy	Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Aboriginal citizenship:				Language Group: Language of communication English: <input type="checkbox"/> French: <input type="checkbox"/>
Community Service Experiences:	Include dates of volunteering and a brief description of responsibilities undertaken.			

Employment Experiences: Include dates of employment, positions held, a brief description of the duties and responsibilities and the name and contact information of the employer.



**VANCOUVER 2010 OLYMPIC TORCH RELAY
Youth Flame Attendant Program**

Nominee's Name: _____

I believe the above named nominee would be an excellent Youth Flame Attendant in the Vancouver 2010 Olympic Torch Relay because.... (500 words)

NOMINATOR INFORMATION

Nominator	Name:	
	Address:	
	E-mail address:	Contact phone number:
	Signature	

Nominee Acknowledgement:

I agree to put forward my name for consideration as a Flame Attendant in the Vancouver 2010 Olympic Torch Relay. I recognize that my nomination does not guarantee I will be selected as a Flame Attendant and I further acknowledge that participation in the Vancouver 2010 Olympic Torch Relay is subject to acceptance of certain additional terms and conditions.

Print name

Signature

Date