



Nominee Consent Form

By signing this form, I _____ (print nominee's name) hereby consent to the following:

The collection, use and disclosure by YWCA St. John's, of my name, photograph and information contained in the nomination submitted by _____ (print nominator's name) for promotional purposes, which may include print material, websites, distribution to media, or other means.

Receiving email correspondence from YWCA St. John's about this nomination process and about other YWCA programs and events, and understand that I can easily unsubscribe from any mailings at any time.

*Please check each box that applies.

X _____
(Signature of above noted nominee)