



President's Volunteer Service Award (PVSA) Application

Passion for Serving Recognition Program

First and Last Name _____

Age and Phone Number _____

Email Address _____

Parent's Name if Minors _____

Parent's Email and Phone # if Minors _____

Volunteer Record (attach certificate or other document for verification)

Organization Name	Start Date - End Date	Service Description	Hours	Organization Contact

I hereby certify that the information provided in this application is accurate, that the hours listed have not been credited towards a previous PVSA or other organizations.

Applicant's Signature

Date

For Passion Committee use only

Age Group:

Total Hours:

Award Level:

Approver's Signature: