

Passion for Serving

President's Volunteer Service Award Application

First and Last Name	
Age	

Email and Phone #

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 and that the hours listed have not been credited towards a previous PVSA or by other organizations.

Applicant's Signature

Date

For Passion Committee use only

Age Group: Total Hours:

Award Level:

Approver's Signature: