SALEM HIGH SCHOOL
PRESIDENT’S VOLUNTEER SERVICE AWARD APPLICATION
(due in room V204 by April 4, 2016)

The President’s Council on Service and Civic Participation recognizes the valuable contributions volunteers make in our communities. The 2016 President’s Volunteer Service Award is given to recognize the number of hours of service completed from April 1, 2015 to March 31, 2016. Please complete the application below in order to qualify for this award.

NAME: ____________________________ YOG: ________

Please indicate the award you are applying for:

□ Bronze: 100-174 hours
□ Silver: 175-249 hours
□ Gold: 250 hours or more

The following must be completed to certify the number of hours of service you have accomplished:

1. The name of the organization where service was completed:

________________________________________________________________________________

Dates of service: ____________ to ____________ Number of Hours: ____________

Name and title of supervisor: ________________________________

Supervisor phone number(s): ________________________________

Supervisor’s signature: ______________________________________

2. The name of the organization where service was completed:

________________________________________________________________________________

Dates of service: ____________ to ____________ Number of Hours: ____________

Name and title of supervisor: ________________________________

Supervisor phone number(s): ________________________________

Supervisor’s signature: ______________________________________
3. The name of the organization where service was completed:

________________________________________________________________________________
Dates of service: ____________ to ____________  Number of Hours: _____________

Name and title of supervisor: __________________________________________________

Supervisor phone number(s): __________________________________________________

Supervisor’s signature: ________________________________________________________

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4. The name of the organization where service was completed:

________________________________________________________________________________
Dates of service: ____________ to ____________  Number of Hours: _____________

Name and title of supervisor: __________________________________________________

Supervisor phone number(s): __________________________________________________

Supervisor’s signature: ________________________________________________________

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5. The name of the organization where service was completed:

________________________________________________________________________________
Dates of service: ____________ to ____________  Number of Hours: _____________

Name and title of supervisor: __________________________________________________

Supervisor phone number(s): __________________________________________________

Supervisor’s signature: ________________________________________________________

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6. The name of the organization where service was completed:

________________________________________________________________________________
Dates of service: ____________ to ____________  Number of Hours: _____________

Name and title of supervisor: __________________________________________________

Supervisor phone number(s): __________________________________________________

Supervisor’s signature: ________________________________________________________
7. The name of the organization where service was completed:

________________________________________________________________________________

Dates of service: ____________ to ____________ Number of Hours: _____________

Name and title of supervisor: __________________________________________________

Supervisor phone number(s): _________________________________________________

Supervisor’s signature: _______________________________________________________

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8. The name of the organization where service was completed:

________________________________________________________________________________

Dates of service: ____________ to ____________ Number of Hours: _____________

Name and title of supervisor: __________________________________________________

Supervisor phone number(s): _________________________________________________

Supervisor’s signature: _______________________________________________________

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9. The name of the organization where service was completed:

________________________________________________________________________________

Dates of service: ____________ to ____________ Number of Hours: _____________

Name and title of supervisor: __________________________________________________

Supervisor phone number(s): _________________________________________________

Supervisor’s signature: _______________________________________________________

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10. The name of the organization where service was completed:

________________________________________________________________________________

Dates of service: ____________ to ____________ Number of Hours: _____________

Name and title of supervisor: __________________________________________________

Supervisor phone number(s): _________________________________________________

Supervisor’s signature: _______________________________________________________