



The President's Volunteer Service Award Record




Name _____ Age _____ Troop _____ Division _____

Activity	Specific Area of Service*	Date of Service	Hours of Service	Location of Service	Description of Service

*** Specific Area of Service**
 Please indicate one of the following numbers

1	Animals
2	Arts and Culture
3	Children and Youth
4	Computers
5	Crisis Support
6	Education and Literacy
7	Environment
8	Fundraising
9	Health and Medicine
10	Hunger
11	International
12	Religion
13	Senior Citizens



Minimum Hours must be completed within a 12 month period.
Ages 14+ 100 Hours
Ages 13- 50 Hours

This will certify that the hours listed have been completed:

Troop Leader Date

Corps Officer Date

Divisional Youth Department Date

Hours Processed _____
Vol. Ser. Dept _____ Territorial Youth Department Date

Return this form to Divisional Youth Office