Dear Three Village Student,

Contact Email Address (Print Neat and Clear)

Thank you for your decision to volunteer your **time** to your beautiful Three Village community.

Please use the official and required log to clearly print and properly document your hours, which will be *considered* and reviewed by the committee, and provide as much detail as possible. You may make copies if needed.

This form <u>must be signed and returned</u> to your PTA Committee Chairperson when you submit your logs documenting your volunteer service hours. We cannot accept your logs without this form completed clearly.

When filling out the log sheets, please ONLY include two to three organizations per sheet and attach all corresponding documentation to that sheet. i.e., certificate of appreciation <u>whenever</u> one is provided or letter of appreciation <u>mandatory</u> for hours of 15+ from one organization. The only person who should verify hours is the representative you are performing the services for.

This official log sheets can also be found on your school's website, and is <u>due to your chairperson on Friday, April 3, 2020 by the</u> <u>time the buses leave</u>; late logs cannot be accepted after this deadline; no exceptions will be made. It is your responsibility to contact your chairperson if you do not receive confirmation of receipt of your log by April 13th.

Please print and sign your name acknowledging you have read the attached guidelines and understand the qualifications of the Presidential Volunteer Service Awards. If you have any questions, please contact your school chairperson ASAP.

Print Name of Student (Award will be printed exactly as p	rinted above. First, La	st Name)	_ Schoo	l:	
Grade: DOB:	Total # 0		Award level: (Bronze, Silver, Gold)		
Age as of 10/1/19	Age Verification	Bronze	Silver	Gold	PVSA Chair Approval:
	Kids 5 – 10	26-49	50-74	75+	PVSA Chall Approval.
Use table	Teens 11 - 15	50-74	75-99	100+	
Use table	Young Adults 16+	100-174	175-249	250+	
Signature of Student	of Student Parent/Guardian Signature Contact Phone #				

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Name of Organization and/or Event	Complete Description of Service Performed. Tell us "What makes this a Community Service"	Date of Service	Total # of Hours	Organization Certifying Reps: Print Name & Title Clearly Signature Email Address
				Name, Title
				Signature
				Email Address
				Name, Title
				Signature
				Email Address
				Name, Title
				Signature
				Email Address
				Name, Title
				Signature
				Email Address

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Name of Organization and/or Event	Complete Description of Service Performed. Tell us "What makes this a Community Service"	Date of Service	Total # of Hours	Organization Certifying Reps: Print Name & Title Clearly Signature Email Address
				Name, Title
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				Email Address
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				Email Address
				Name, Title
				Signature
				Email Address
				Name, Title
				Signature
				Email Address

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Name of Organization and/or Event	Complete Description of Service Performed. Tell us "What makes this a Community Service"	Date of Service	Total # of Hours	Organization Certifying Reps: Print Name & Title Clearly Signature Email Address
				Name, Title
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				Email Address
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				Email Address
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				Signature
				Email Address
				Name, Title
				Signature
				Email Address

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Name of Organization and/or Event	Complete Description of Service Performed. Tell us "What makes this a Community Service"	Date of Service	Total # of Hours	Organization Certifying Reps: Print Name & Title Clearly Signature Email Address
				Name, Title
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				Name, Title
				Signature
				Email Address
				Name, Title
				Signature
				Email Address

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