



# PRESIDENT'S VOLUNTEER SERVICE AWARDS FORM B



## INDIVIDUAL AWARD CERTIFICATION FORM

A separate form should be completed for each intended recipient of the President's Volunteer Service Award. Please type or print using blue or black ink. Photocopy this form as needed. The Award Order Form and payment MUST accompany this form. Please fax completed forms to **1-202-729-8033**.

### Individual Information

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_  
Name preferred on certificate \_\_\_\_\_

### Volunteer Information

How many hours did the nominee complete during the 12-month period? \_\_\_\_\_  
Was the nominee 14 years or younger at the completion of the hours? \_\_\_\_yes \_\_\_\_no  
Was the nominee 15 to 25 years old at the completion of the hours? \_\_\_\_yes \_\_\_\_no  
Has the nominee completed over 4000 hours of service over his/her lifetime? \_\_\_\_yes \_\_\_\_no  
Where did the nominee perform the majority of their volunteer service? \_\_\_\_\_ U.S. state or country

### Service Classification (Check the box in which most of the volunteer activity took place.)

- Youth Achievement**  
Includes volunteer activities such as mentoring, coaching, tutoring, improving literacy in areas such as reading and finance, and volunteering to keep young people engaged academically in education.
- Parks and Open Spaces**  
Includes volunteer efforts to conserve and protect our parklands and gardens, neighborhood cleanups and creating safe playgrounds. It also includes creating safe and meaningful experiences and outdoor activities for individuals to enjoy the environment and our natural resources.
- Healthy Communities**  
Includes volunteer efforts to help the elderly, disabled, diseased, hungry or homeless, and to improve the economic health of the community. These could include volunteering for health and nutrition education services, immunization campaigns, resume building, career training, disease screenings, hospital support, blood drives, veterans outreach, working with local public health programs, micro-enterprise and business development.
- Public Safety & Emergency Response**  
Includes volunteer efforts for individuals and families to make their homes, and their communities safer from the threats of crime, terrorism, and disasters of all kinds. It includes preparedness training, volunteer firefighters, and programs like Citizen Corps, Neighborhood Watch, Medical Reserve Corps and Volunteers in Police Service.

Tell us more about the award recipient's service. (35 words or fewer) (OPTIONAL)

\_\_\_\_\_  
\_\_\_\_\_

### Demographic Information (this section is optional)

Gender \_\_\_\_\_ Female \_\_\_\_\_ Male  
Age \_\_\_\_\_ 5-14 \_\_\_\_\_ 15-25 \_\_\_\_\_ 26-35 \_\_\_\_\_ 36-49 \_\_\_\_\_ 50+  
Ethnicity: Hispanic or Latino? \_\_\_\_yes \_\_\_\_no  
Race Please mark one or more  
\_\_\_\_ Alaska Native/ American Indian \_\_\_\_\_ Black / African American \_\_\_\_\_ White  
\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian or Pacific Islander  
Education (Highest level completed) \_\_\_\_\_ K-8 \_\_\_\_\_ High School or GED \_\_\_\_\_ Undergraduate Degree  
\_\_\_\_\_ 9-11 \_\_\_\_\_ Some College \_\_\_\_\_ Graduate/Professional Degree

*I hereby certify that my organization has verified that each individual or group specified on this form has met the respective criteria necessary to earn the President's Volunteer Service Award and completed the volunteer activities in at least one of the four Volunteer Service Action Priorities.*

Signature \_\_\_\_\_ DATE \_\_\_\_\_  
Name of organization \_\_\_\_\_

See reverse for Public Burden Statement and Privacy Act Notice.

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Expiration Date: 02/28/2007

**Public Burden Statement:** The public burden for this collection of information is estimated to average 20 minutes per submission, including reviewing instructions, gathering the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Office Public Affairs, 8<sup>th</sup> Floor, Attn: Ms. Rhonda Taylor, 1201 New York Avenue, N.W., Washington, D.C., 20525. The Corporation informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed are current and valid. (See 5 C.F.R.1320.5(b)(2)(i)).

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you. The authority for collecting this information is contained in Executive Order 13285, signed January 29, 2003. The principle purpose for collecting this information is to recognize individuals, schools and organizations that excel in their efforts to support volunteer service and civic participation, especially with respect to students in primary and secondary schools, and institutions of higher learning. The information will be used to select winners of the President's Volunteer Service Awards and the Call to Service Awards. Nominations for these awards are voluntary. All information that is provided to the Corporation and its administrating organization will not otherwise be disclosed to entities outside of the Corporation without the approval of the individual or organization nominated for the award.

## **Instructions for FORM B (Individual Certification Form)**

All President's Volunteer Service Awards must be verified and issued through institutions which we call Certifying Organizations (CO). If the nominee is an individual, family, or group who is seeking the PVSA and are associated with any organization such as a faith-based institution, school, higher education, nonprofit and community based organization, business, labor union, civic or service club, membership and trade association, and federal, state or local government agency, please ask for one of these to become a CO and verify your service.

There is a nominal charge for the recognition packet. Some organizations may cover the cost of the packet. If the CO is unable to cover this cost, it is appropriate for the individual volunteer, if asked, to help cover the cost.

To earn an award, individuals, families and groups must keep a record of volunteer activities and hours served. This record of service may be kept as a diary or calendar or tracked online with the USA Freedom Corps Record of Service available on the President's Volunteer Service Award site at [www.presidentialserviceawards.gov](http://www.presidentialserviceawards.gov). An individual between the ages of 5 and 14, must complete a minimum of 50 service hours during a 12-month period. An individual aged 15 and older, must complete a minimum of 100 service hours during a 12-month period.

### **Individual Information:**

Please fill out the individual information for each recipient, giving full address including city, state, zip and phone number.

### **Volunteer Information: Please answer all questions.**

*How many hours did the awardee complete during the 12-month period?* Please fill in number of hours. The 12-month period does not depend on a calendar year, school year, or any other time period other than the 12-month period preceding the application for the PVSA.

*Has the nominee completed over 4000 hours of service over his/her lifetime?* If so this individual has earned the President's Call to Service Award. During his 2002 State of the Union address, President George W. Bush called upon every American to get involved in strengthening America's communities and sharing America's compassion around the world. He called on each of us to dedicate at least two years, or 4000 hours, over the course of our lives to the service of others.

*Where did the individual perform the majority of their volunteer service?* Please fill in the blank with the location whether a U.S. state or other country, where the volunteer performed the majority of service. Service can be in many locations, so please just indicate where the majority of service took place.

### **Primary Service Area:**

Descriptive information under each category provides examples of appropriate activities. This is meant to be descriptive rather than exclusive and describes some specific activities that would qualify.

### **Optional Information:**

*Age:* Please check appropriate age of individual at the completion of hours.

*Race:* Please mark **all** that apply.

*Ethnicity:* Does the individual consider himself or herself as Hispanic or Latino? Yes or no

*Education:* Please fill in the blank for the highest level completed.