

**PRESIDENT'S VOLUNTEER SERVICE AWARD - FORM A**



**CERTIFYING ORGANIZATION APPLICATION FORM**

This form **MUST** be completed by any organization that is interested in presenting the *President's Volunteer Service Award*. **This form is for first-time registrants only.** Please fax completed forms to **1-202-729-8033**.

If you would like to mail this form, please send it to the address at the bottom of the page.



**ORGANIZATION INFORMATION**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
WEBSITE \_\_\_\_\_

**CONTACT PERSON FOR YOUR ORGANIZATION**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Is this an \_\_\_\_\_ Independent Organization or \_\_\_\_\_ Organization's Headquarters or \_\_\_\_\_ Chapter Location?

**TYPE OF ORGANIZATION** (please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business                     | <input type="checkbox"/> Government            | <input type="checkbox"/> School                 |
| <input type="checkbox"/> College/ University          | <input type="checkbox"/> Human Services        | <input type="checkbox"/> Service Club           |
| <input type="checkbox"/> Community Program            | <input type="checkbox"/> Labor Union           | <input type="checkbox"/> State Commission       |
| <input type="checkbox"/> Faith-Based                  | <input type="checkbox"/> National Service Org. | <input type="checkbox"/> Volunteer Center       |
| <input type="checkbox"/> Fraternity/ Sorority         | <input type="checkbox"/> Nonprofit             | <input type="checkbox"/> Youth Development Org. |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

How many *President's Volunteer Service Awards* do you plan to award? \_\_\_\_\_ 2007 \_\_\_\_\_ 2008 \_\_\_\_\_ 2009 \_\_\_\_\_ 2010

**(Optional Information)**

Number of volunteers active with your organization annually? \_\_\_\_\_  
Does your Organization have a formal membership program? \_\_\_\_\_ yes \_\_\_\_\_ no  
Briefly describe the organization's focus or mission. \_\_\_\_\_  
\_\_\_\_\_

Mail to: Points of Light Foundation/ PVSA  
1400 I Street, N.W. Suite 800  
Washington DC 20005

OMB Control #: 3045-0086  
Expiration Date: 02/28/2010

See reverse for Public Burden Statement and Privacy Act Notice.

## **Instructions for FORM A (Certifying Organization Application Form)**

All President's Volunteer Service Awards must be verified and issued through institutions which we call Certifying Organizations (CO). CO may include faith-based institutions, schools, higher education, nonprofit and community-based organization, businesses, labor unions, civic or service clubs, membership and trade associations, and federal, state or local government agencies. **This form is for FIRST-TIME CO registrants only.**

To qualify as a CO, an organization must:

- Be legally established and located within the United States, the commonwealth of Puerto Rico, or a United States territory;
- Agree to review and verify the records of service of prospective individual and family/group recipients, and then distribute the award only to those who meet the established criteria;
- Either directly or through sponsorship pay for each Award package that it requests.

### **Organization Information:**

Please fill out organizational information, giving full address, including city, state and zip, phone number, and website if available.

### **Contact Person:**

It is important to fill in information for the person responsible for coordinating and submitting nominations and order forms. Please include email address.

*Please indicate whether your organization is an independent organization, an organizational headquarters, or a local chapter location of a regional or national organization.*

### **Type of Organization:**

Please check the box or boxes that most appropriately describes your organization.

*How many President's Volunteer Service Awards do you plan to award? Please provide an estimate of how many awards you plan to give out for each year. These numbers are meant only to help plan for future years. Providing these numbers does not obligate your organization in any way!*

### **Optional Information:**

*Number of volunteers active with your organization annually? Please provide an estimate of the number of volunteers who participate in your organization. This number will include ongoing volunteers as well as those who participate only in special projects.*

*Is your organization a membership organization? Please indicate if your organization has a formal membership or affiliate program.*

**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)).

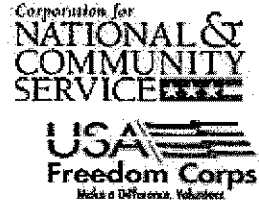
**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you. The authority for collecting this information is contained in Executive Order 13285, signed January 29, 2003. The principle purpose for collecting this information is to recognize individuals, 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.

**PRESIDENT'S VOLUNTEER SERVICE AWARDS**



**INDIVIDUAL AWARD CERTIFICATION FORM (FORM B)**

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 \_\_\_\_\_

Name **preferred** on certificate \_\_\_\_\_

Year for which hours are being certified \_\_\_\_\_  
(will appear on certificate)

**Volunteers Information**

How many hours did the nominee complete during the 12-month period? \_\_\_\_\_

Age of Nominee at time of service:

5-14     15-25     26-49     50+

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? \_\_\_\_\_ City and U.S. state or country

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

**Demographic Information (this section is optional)**

Gender \_\_\_\_\_ Female \_\_\_\_\_ Male

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 approves that each individual or group specified on this form has met the respective criteria necessary to earn the President's Volunteer Service Award.*

Signature \_\_\_\_\_ DATE \_\_\_\_\_

Name of organization \_\_\_\_\_

See reverse for Public Burden Statement and Privacy Act Notice.

OMB Control #: 3045-0086  
Date: 02/28/2010

## 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. city & 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.

### 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.

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# PRESIDENT'S VOLUNTEER SERVICE AWARDS



## FAMILY AWARD CERTIFICATION FORM (FORM C)

A separate form should be completed for each family receiving 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 should accompany this form. Please fax completed forms to 1-202-729-8033.



### Family Information

CONTACT NAME \_\_\_\_\_

Family name preferred on certificate \_\_\_\_\_

Year for which hours are being certified \_\_\_\_\_  
(will appear on certificate)

### Family Volunteer Information

How many members are in the family? \_\_\_\_\_

How many hours did the family complete during the 12-month period? \_\_\_\_\_

Where did the family perform most of their volunteer service? \_\_\_\_\_ U.S. city and state or Country

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 \_\_\_\_\_ 15-21 \_\_\_\_\_ 22-35 \_\_\_\_\_ 36-49 \_\_\_\_\_ 50+

Ethnicity: Hispanic or Latino? \_\_\_\_\_ yes \_\_\_\_\_ no If "yes" please indicate how many. \_\_\_\_\_

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.

Signature \_\_\_\_\_ DATE \_\_\_\_\_

Name of organization \_\_\_\_\_

See reverse for Public Burden Statement and Privacy Act Notice.

OMB Control #: 3045-0086  
Expiration Date: 02/28/2010

## **Instructions for FORM C (Family Award 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).

**For the purpose of the President's Volunteer Service Award, a family is any self-designated group of two or more individuals who considers themselves a family.** Each member of the family must complete at least 25 hours of service with a family's cumulative hours being at least 200 hours in the 12-month period.

### **Family Information:**

Please fill out the information for the family. The contact name should be the name of the family member who can be identified as a contact person.

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

*How many hours did the family 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.

*Where did the family 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 volunteers performed the majority of service. Service can be in many locations, so please just indicate where the majority of service took place.

### **Optional Information:**

*For each category, please fill in the total number that would fit into each group.*

*Gender:* Enter number of females and number of males in the group.

*Age:* Please indicate the age of individuals at the completion of service hours by reporting the number of individuals who are in each category.

*Ethnicity:* Does the individual consider himself or herself Hispanic or Latino? Please indicate the number of individuals who would answer "yes", and the number of individuals who would answer "no".

*Race:* Please mark all that apply.

*Education:* Please indicate the highest level of education completed for each individual by reporting the number of individuals who are in the each category.

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**PRESIDENT'S VOLUNTEER SERVICE AWARDS**



**GROUP AWARD CERTIFICATION FORM (FORM D)**

A separate form should be completed for each group receiving 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 should accompany this form. Please fax completed forms to 1-202-729-8033.

**Group Information**

CONTACT NAME \_\_\_\_\_

Group name preferred on certificate \_\_\_\_\_

Year for which hours are being certified \_\_\_\_\_  
(will appear on certificate)

**Group Volunteer Information**

How many members are in the group? \_\_\_\_\_

How many hours did the group complete during the 12-month period? \_\_\_\_\_

Where did the group perform most of their volunteer service? \_\_\_\_\_ U.S. city and state or Country

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 \_\_\_\_\_ 15-21 \_\_\_\_\_ 22-35 \_\_\_\_\_ 36-49 \_\_\_\_\_ 50+

Ethnicity: Hispanic or Latino? \_\_\_\_\_ yes \_\_\_\_\_ no If "yes" please indicate how many. \_\_\_\_\_

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.*

Signature \_\_\_\_\_ DATE \_\_\_\_\_

Name of organization \_\_\_\_\_

See reverse for Public Burden Statement and Privacy Act Notice.

OMB Control #: 3045-0086  
Expiration Date: 02/28/2010.

## **Instructions for FORM D (Group Award Certification Form)**

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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.

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**For the purpose of the President's Volunteer Service Award, a group is any self-designated group of two or more individuals who considers themselves a group.** Each member of the group must complete at least 25 hours of service with a group's cumulative hours being at least 200 hours in the 12-month period.

### **Group Information:**

Please fill out the information for the group. The contact name should be the name of the group member who can be identified as a contact person.

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

*How many hours did the group 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.

*Where did the group 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 volunteers performed the majority of service. Service can be in many locations, so please just indicate where the majority of service took place.

### **Optional Information:**

*For each category, please fill in the total number that would fit into each group.*

*Gender:* Enter number of females and number of males in the group.

*Age:* Please indicate the age of individuals at the completion of service hours by reporting the number of individuals who are in each category.

*Ethnicity:* Does the individual consider himself or herself Hispanic or Latino? Please indicate the number of individuals who would answer "yes", and the number of individuals who would answer "no".

*Race:* Please mark all that apply.

*Education:* Please indicate the highest level of education completed for each individual by reporting the number of individuals who are in the each category.

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**AWARD ORDER FORM**

This form can only be completed by a Certified Organization. Please type or print using blue or black ink.



Name of Organization: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Date of Ceremony: \_\_\_\_\_

Description	# OF PACKAGES	Unit Price	Subtotal
<b>INDIVIDUAL AWARDS PACKAGES</b>			
<b>COMPLETE PACKAGE</b> • Certificate • Lapel Pin • Congratulatory Letter from the President of the United States • Letter from the President's Council on Service & Civic Participation		\$3.00	
<b>CERTIFICATE PACKAGE</b> • Certificate • Congratulatory Letter from the President of the United States • Letter from the President's Council on Service & Civic Participation		\$2.00	
<b>LAPEL PIN PACKAGE</b> • Lapel Pin		\$2.00	
<b>CALL TO SERVICE PACKAGE (for those with 4,000+ hrs)</b> • Certificate • Lapel Pin • Congratulatory Letter from the President of the United States • Letter from the President's Council on Service & Civic Participation		\$3.00	
<b>FAMILY/GROUP AWARDS PACKAGES</b>			
<b>FAMILY/GROUP COMPLETE PACKAGE</b> (multiples of this package may be ordered) • Certificate • Lapel Pin • Congratulatory Letter from the President of the United States • Letter from the President's Council on Service & Civic Participation		\$3.00	
<b>Packages for Additional Group or Family Members</b>			
NOTE: Only available with purchase of 1 (one) complete family/group package Only one package type may be ordered for additional members			
<b>FAMILY/GROUP COMPLETE PACKAGE</b> • Certificate • Lapel Pin • Congratulatory Letter from the President of the United States • Congratulatory letter from the President's Council on Service & Civic Participation		\$3.00	
<b>*FAMILY/GROUP LAPEL PIN PACKAGE – for additional members</b> • Lapel Pin ONLY		\$2.00	
<b>SHIPPING/HANDLING</b>		<b>SHIPPING/HANDLING</b>	
Order Total	S/H Fee	Standard delivery is 4 to 6 weeks	
\$1.00 - \$9.99	\$6.00	<b>RUSH FEE (\$25.00)</b>	
\$10.00 - \$24.99	\$7.00	Rush delivery is 2 weeks	
\$25.00 - \$49.99	\$8.00	<b>TOTAL AMOUNT DUE:</b>	
\$50.00 - \$99.99	\$9.00	(price includes subtotal+applicable S/H Fees+RushFee)	
\$100 or more	9% of total		

**PAYMENT (All orders must be accompanied by payment and award certification form. DO NOT SEND CASH.)**

Please select method of payment.

- Check (Please make payable to president's Volunteer Service Award)  
 Credit Card       AMEX       VISA       MASTER CARD

Name: \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Please mail or fax the completed certification form, along with check or credit card information to:

President's Volunteer Service Award  
 C/O Points of Light Foundation  
 P.O. Box 10119-001  
 Uniondale, N.Y. 11555-019  
 FAX: 1-202-729-8033

For additional information:  
[www.presidentserviceawards.gov](http://www.presidentserviceawards.gov)  
 email: [inquiries@presidentserviceawards.gov](mailto:inquiries@presidentserviceawards.gov)

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