



**The President's Volunteer Service Award
Elks Drug Awareness Program**

Applicant's Name: _____
(As you wish it to appear on the Award – Please print clearly)

Lodge Name & Number submitting application: _____

Total Number of Volunteer Hours: _____
(Must meet or Exceed 4,000 hours)

Attest

I attest that the applicant nominated has completed the number of volunteer hours as noted above. (Hours are not limited to Elk's Charity works, but include all volunteer work done by the nominee). The nominee is an Elk ___ is not an Elk ___.

(Signature of Individual Certifying Hours)

Approval

I, the undersigned State Chair, approve the above application and request that the award be sent to:

(Signature of State Chairperson)

Note: The entire cost of this award is funded by the Elks Drug Awareness Program, through the generosity of the Elks National Foundation. Completed application should be sent to:

**Timothy F. Jaeger
Assistant National Director Elks Drug Awareness Program
1629 Andover Way
Petaluma, CA 94954-7453**

