



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

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

Applicant's Age _____

Lodge Name & Number submitting application: _____

Total Number of Volunteer Hours: _____

Age 5-10 (75 minimum)
Age 11-15 (100 minimum)
Age 16-25 (250 minimum)

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**

