



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**

