



**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**

