



PRESIDENTIAL VOLUNTEER SERVICE AWARD APPLICATION FORM

“In 2003, the President’s Council on Service and Civic Participation founded the President’s Volunteer Service Award to recognize the important role of volunteers in America’s strength and national identity. **This award honors individuals whose service positively impacts communities in every corner of the nation and inspires those around them to take action, too.**” (<https://presidentalserviceawards.gov/about>)

KFAM’s hope through the Presidential Volunteer Service Award is to develop future leaders that will make a difference in our communities.

DATE: _____

CONTACT INFORMATION		
NAME	DATE OF BIRTH	AGE
GENDER	EMAIL ADDRESS	
ADDRESS		
PHONE NUMBER	DRIVERS LICENSE	
PRESIDENTIAL VOLUNTEER SERVICE AWARD LEVEL		
Please select the level you are committing to for the year. (Age is based on the age at the time of applying.)		
<input type="checkbox"/> 5-10 Years Old <input type="checkbox"/> Bronze (26-49 Hours) <input type="checkbox"/> Silver (50-74 Hours) <input type="checkbox"/> Gold (75+ Hours)		
<input type="checkbox"/> 11-15 Years Old <input type="checkbox"/> Bronze (50-74 Hours) <input type="checkbox"/> Silver (75-99 Hours) <input type="checkbox"/> Gold (100+ Hours)		
<input type="checkbox"/> 16- 25 Years Old <input type="checkbox"/> Bronze (100-174 Hours) <input type="checkbox"/> Silver (175-249 Hours) <input type="checkbox"/> Gold (250+ Hours)		



LENGTH OF COMMITMENT TIME

1 Year (January 1- December 31)

HOURS OF AVAILABILITY

Please provide specific days of the week, if known. Otherwise, provide generally how many hours you'd like to volunteer.

- Monday _____ to _____
- Tuesday _____ to _____
- Wednesday _____ to _____
- Thursday _____ to _____
- Friday _____ to _____
- Saturday _____ to _____

REQUIREMENTS/RULES

- 70% of hours must be completed with KFAM. 30% of hours may be completed at another organization within the 1-year time frame and must be verifiable.
- Must volunteer at least one KFAM event during the year.
- Brainstorm a volunteer opportunity for community members or event to engage community members. Optional: Execute plan.
- Must check in with Development Manager, Shana Lee, once a quarter to review progress. If 50% not completed by August, will discuss to lower level standing or withdrawal from program.
- Only Gold Level Awardees and family will be invited to KFAM's annual gala to be presented award.
- Before the end of the term, please complete a testimonial on your experience at KFAM. (Will count towards volunteer hours.)
- Must complete background check.

PERSONAL GOALS

Please list any personal goals/skills you would like us to help you develop.

I acknowledge that I have read and understand the terms of KFAM's Presidential Volunteer Service Award Program. I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.

Applicant Signature

Applicant Name

Date