

# Community Service Award Form

(Please print clearly. Use one page per organization.)

Delegate Name (first and last)	Delegate Title
Organization	Supervisor
Contact Phone Number	

Date	Service Performed/Activity	Hours
<b>Total Hours</b>		

I, the undersigned, affirm that the above information is factual and is an accurate representation of the community service I have performed in the 12 months prior to the date of signature. If it is found that my recorded hours are overstated, as per the supervisor listed above, I will forfeit any awards and prizes given to me as the winner of the Community Service Award.

Signed:

\_\_\_\_\_

**Delegate Signature**

\_\_\_\_\_

**Date**