

APPLICATION FOR PVSA (President Volunteer Service Award)

Email To: pvsa@capamc.org or Mail To: [CAPA-MC \(PVSA\) 12774 Wisteria Drive, #115 Germantown, MD 20875](#)

If you have difficulty printing this form, please email us and we'll mail a hard copy to you!

Applicant (Last Name, First Name Middle Name)

Email Address

Mailing Address

Date of Birth

Phone Number

Are you a US citizen or permanent resident?

Yes

No

(You can't apply for PVSA if you aren't)

Is one of your family member a CAPA MC member? Yes No

If yes, please list the member's name and email. _____

If no, please register your family member at www.capamc.org (Requirement to apply the PVSA through CAPA-MC)

List the member's name and email. _____

How many volunteer hours you claim for PVSA from April 1, 2019 to March 31, 2020? _____

Provide the list of volunteer hours you served:

Start Date to End Date	Location	SSL Hour Issued By	Activity (Brief Description)	Hours	Is the hour already claimed for PVSA? (Y/N)

if you need more space, please use extra paper to list.

***Please submit SSL forms to support the volunteer hours claimed.**

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of Applicant

Date Signed

