



APPLICATION FOR PVSA (President Volunteer Service Award)

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

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

If no, please stop.

Is one of your family members 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. (This is the requirement to apply the PVSA through CAPA-MC)

Then please list the member's name and email. _____

How many volunteer hours you claim for PVSA from April 1, 2023 to March 31, 2024? _____

Please provide the list of volunteer hours you served

Start Date to End Date	Location	SSL Hour Issued By	Activity (Brief Description)	Hours

If you need more space, please use additional paper to attach.

***Please submit SSL form to support the volunteer hour you claimed.**

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

Signature of Applicant _____ Date Signed _____

Start Date to End Date	Location	SSL Hour Issued By	Activity (Brief Description)	Hours

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

Signature of Applicant _____ Date Signed _____