Logo

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**Community Service Award**

Student Application Form

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate applying for:

* Bronze 10 hours
* Silver 35 hours (25 more than Bronze)
* Gold 60 hours (25 more than Silver)

Teacher's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record Sheet

Students should include the time volunteering at the location but not travel time.

| DATE | RECIPIENT OF SERVICE | DESCRIPTION OF SERVICE | HOURS | SIGNATURE OF RECIPIENT |
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Please return completed forms to:

Marlaine Osgood, ARMTA Community Service Award

410 Walker Rd NW, Edmonton, AB T5T 2X2

osgoodmg@gmail.com