

Application for Youth Community Service Recognition

Give your time. Make a difference. Do it all in a D.A.Y.

(Please print or type application)

First Name: _____ Last Name: _____ MI: _____

Street: _____ City: _____ Zip Code: _____

Telephone Number: _____ Email: _____

School: _____ Grade: _____

Here is the difference my D.A.Y. made:

Activity and Location:	Date:	Volunteer's Supervisor Name and Signature:	Volunteer's Supervisor Telephone/email:	Hours:

Total number of service hours (must total at least 24 hours): _____

This form may be copied if more space is needed.

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Certification:

I _____ (student name) hereby certify that I have performed a minimum of 24 hours of community service for the Skokie D.A.Y. Initiative.

Student Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

Telephone _____ email _____

Teacher/ Advisor Signature _____ Date _____

Telephone _____ email _____

Please be sure to attach your essay by stapling it to this application. Please be sure your name is on each page you submit. All entries must be submitted to the Human Services Division by 4 p.m. on Friday, March 5, 2010.

Send or bring all entries to Maureen DiFrancesca
Human Services Division - Village of Skokie
5120 Galitz, Skokie, IL 60077

For more information or to download copies of this application visit the Human Relations Commission webpage at www.skokie.org or call 847/933-8208.