



CCCAA Volunteer Service Record Form

Department of Volunteer Services
Coordination Council of Chinese American Associations (CCCAA)

INSTRUCTIONS

1. The form shall be completed legibly in blue or black ink.
 - 1.1 Section I and II shall be completed by the applicant prior to being reviewed from the organization.
 - 1.2 Section III shall be completed by the organization.
2. Service:
 - 2.1 Service shall be unpaid acts of volunteer service benefitting others.
 - 2.2 Service cycle: June 1st of the previous year - May 31st of the current year.
3. Submission:
 - 3.1 Open period: June 1st through June 30th of the current year.
4. Contact: cccaa.pvsa@gmail.com
5. For more information, please visit CCCAA's website at www.cccaa.org/PVSA.

SECTION I. APPLICANT INFORMATION

Name (Last, First, Middle) _____, _____, _____ Grade _____
 Employer/School (Full Name) _____
 Home Address _____
 Email _____ Phone # _____ - _____ - _____
 Parent/Guardian Name (if Minor) _____ Phone # _____ - _____ - _____

SECTION II. STUDENT REFLECTION

- What did you do?
- What need did your service address?
- Who benefitted from your service?
- What did you learn about yourself?



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SECTION III. ORGANIZATION AND ACTIVITY INFORMATION

Organization _____
 Address _____
 Federal Employer Identification # _____ Phone # _____ - _____ - _____
 Contact Person _____ Email _____
 Description of Activity _____

Service Record

* All numbers shall be rounded to one decimal place.

Date From	Date To	# of Hours Per Day	# of Days Per Service	Subtotal # of Hours
MM/DD/YYYY	MM/DD/YYYY			
MM/DD/YYYY	MM/DD/YYYY			
MM/DD/YYYY	MM/DD/YYYY			
Total # of Hours				

Supervisor Name (print) _____ Title _____
 Supervisor Signature _____ Date _____

SECTION IV. APPLICANT STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING*

By signing below, I affirm and certify that all the information herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void.

Student Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

SECTION V. CCCAA USE ONLY

Reviewer Name (print) _____ Title _____
 Reviwer Signature _____ Date _____