



Tzu Chi Youth Association
 慈濟美國青少年成長班

Consent to Release & Transfer Volunteer Hours

Please complete the following portion of this form before giving it to your current volunteer community service director.

I acknowledge that by signing this consent form, I am agreeing to transfer my volunteer hours below to US Tzu Chi Youth Association to qualify me for the President's Volunteer Service Award (PVSA). I further agree that the hours will not be used again to qualify me for the PVSA by another organization.

Name of Student: _____

Signature: _____ Date: _____

If student is under 18 years old, please also obtain signature from the parent/guardian.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

To the director: The above named student is a candidate for the President's Volunteer Service Award. Your thoughtful and honest evaluation of the student is an important part of the award process. Please complete this form. Make sure to make a copy of this form for your records. You may be contacted for verification purposes.

Student Evaluation:

How long has this student been volunteering in your organization?	
Service Hours from 4/1/20____~3/31/20____	
Brief description of the type of service	
Did the student receive any compensation for service performed?	

First Name: _____ Last Name: _____

Position at Organization: _____

Organization Name: _____

Address: _____

Business phone: _____ Email address: _____

Signature of Director: _____ Date: _____