



Look Good...Feel Better.

YEARS OF SERVICE AWARD FORM

PLEASE TYPE OR PRINT NEATLY :

ACS Contact Name and Address: _____

ACS Contact Phone Number: _____

For **cosmetology** and **non-cosmetology** volunteers, please fill in the following information.

Name of LGFB Volunteer: _____

Address of Volunteer: _____

City, State, Zip: _____

Phone Number (w): _____

(h): _____

Award(s) Requested – These awards are given to LGFB volunteers who successfully complete 4 LGFB patient sessions (group or one-on-one) or other LGFB activities per year. Please check award(s) requested:

- | | |
|---|--|
| <input type="checkbox"/> ONE YEAR certificate of service (includes a LGFB Frame—
one per volunteer) | <input type="checkbox"/> TEN YEAR certificate of service (includes a LGFB Ten Year
Tote Bag—one per volunteer) |
| <input type="checkbox"/> TWO YEAR certificate of service | <input type="checkbox"/> ELEVEN YEAR certificate of service |
| <input type="checkbox"/> THREE YEAR certificate of service | <input type="checkbox"/> TWELVE YEAR certificate of service |
| <input type="checkbox"/> FOUR YEAR certificate of service | <input type="checkbox"/> THIRTEEN YEAR certificate of service |
| <input type="checkbox"/> FIVE YEAR certificate of service (includes a LGFB Five Year
Silver Frame—one per volunteer) | <input type="checkbox"/> FOURTEEN YEAR certificate of service |
| <input type="checkbox"/> SIX YEAR certificate of service | <input type="checkbox"/> FIFTEEN YEAR certificate of service (includes a LGFB Fifteen
Year Clock—one per volunteer) |
| <input type="checkbox"/> SEVEN YEAR certificate of service | <input type="checkbox"/> SIXTEEN YEAR certificate of service |
| <input type="checkbox"/> EIGHT YEAR certificate of service | <input type="checkbox"/> SEVENTEEN YEAR certificate of service |
| <input type="checkbox"/> NINE YEAR certificate of service | <input type="checkbox"/> EIGHTEEN YEAR certificate of service |
| | <input type="checkbox"/> NINETEEN YEAR certificate of service |

NOTE: If this is the first time this volunteer is receiving a Years of Service Award, please check here ___ so a frame can be included with their certificate.

We, the undersigned, verify that the above information is accurate and the named volunteer is eligible for LGFB service award(s).

ACS Representative

Date