



## BARBARA JAMES SERVICE AWARD

### President's Volunteer Service Award

- Purpose:** To encourage Health Science students to become contributing members of their communities by performing community service.
- Description:** The Barbara James Service Award is in memory of Barbara James, 1982-83 HOSA Inc. Board Chairman. Her leadership skills and contributions to HOSA exemplify the caring and compassion of HOSA members. This award seeks to recognize individual HOSA members whose commitment to community service is worthy of recognition.
- Rules and Procedures**
1. Competitors in this event must be active members of HOSA in good standing in the category in which they are registered to compete (Secondary or Postsecondary/Collegiate).
  2. **Applications for this award must be properly filled out and received by the State HOSA office by the published state conference deadline.** The application will reflect the HOSA member's volunteer service to his or her community. **Proof of community service MUST BE VERIFIED** in an official letter or certificate of volunteer service from the sponsoring organization or agency where the volunteer service took place. When a letter is presented, it must meet the following criteria:
    - Must be on official letterhead or other form of official documentation.
    - Must be signed by an organizational representative.
    - Must indicate the total hours of **volunteer** community service.
    - Must include the dates of service. Remember that only hours that occur after the conclusion of the previous State Leadership Conference may be counted in an award year.
  3. The application will not be judged against other applications. HOSA members who identify approved activities that serve the citizens of a community will receive individual recognition for their contributions. **NOTE: Not all volunteer hours provide community service. Only community service hours will be accepted.**

#### Examples of Approved Community Service:

- Hospital/health facility volunteer
- Rescue squad volunteer
- Volunteer at Special Olympics
- Church activities that serve the community at-large
- Fundraising for charity or the community (American Red Cross, March of Dimes, Afghanistan Children's Fund, Salvation Army, etc.)
- Hospice volunteer
- Volunteer at a senior center
- HOSA activities that serve the community - in the community
- Community service with another volunteer agency

#### Examples of volunteer activities that are **NOT** approved for this award:

- Activities at school or during school hours
- Activities done as a school assignment, even if performed outside of school hours
- Service to a church (singing in the choir, teaching Sunday School, activities for the congregation, etc.)
- Fundraising or service to an organization to which the member belongs
- HOSA activities that promote HOSA (parade float, fair booth, etc.)
- Activities as part of the HOSA National Service Project

4. A committee at the state-level will review the application for meeting the standards set forth in these guidelines. Applications that are incomplete, unsigned, or do not meet the requirements will NOT be considered for this award.
5. Certificates will be awarded to all individual HOSA members who complete a minimum of fifty (50) hours of community service from the last day of the State Leadership Conference through the state conference at which the Barbara James Service Award is judged.
6. State advisors will submit the name, address and total hours of community service for all HOSA members who earn the Barbara James Service Award at the state level to National HOSA by May 15. Competitors will NOT register for this event through the standard event registration process. NLC registration for this event must come from the State Advisor.
7. State winners of this award who are NLC delegates will be recognized at the HOSA National Leadership Conference. When the member is not an NLC delegate, the certificate will be provided to the State Advisor.
8. At the time these guidelines were published, **ALL HOSA members who complete the Barbara James Service Award with 100 or more hours of community service will also earn the President's Volunteer Service Award.** The President's Volunteer Service Challenge is a White House initiative which recognizes young Americans with awards and scholarships for outstanding community service, while encouraging more young people to serve. (If the White House withdraws or changes this award, the HOSA requirements will change accordingly.)

HOSA will submit the paperwork and pay the \$3 fee for HOSA Members who meet the following requirements:

- Complete 100 or more hours of volunteer community service
- Submit the BJ Service Award application with all appropriate documentation and signatures to be received in the National Office by May 15.
- **Presidents Volunteer Service Awards will be provided to the respective State Advisor for distribution.** Please visit <http://www.presidentialserviceawards.gov/> for more information.



**Bronze Level**  
100-174 hours



**Silver Level**  
175-249 hours



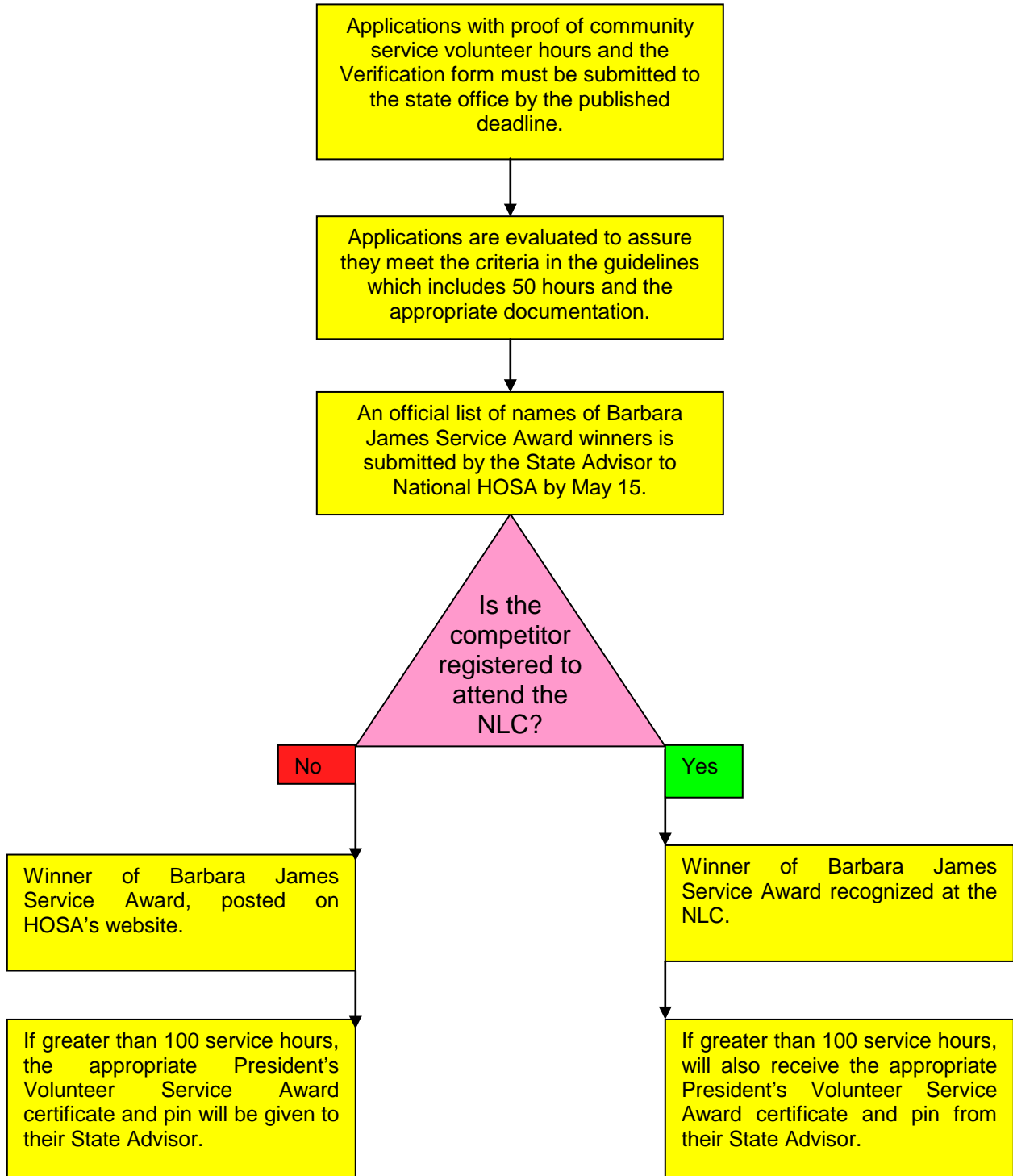
**Gold Level**  
250 hours or more

8. Note to Chapter Advisor: You are asked to review the member's application and assure it meets the criteria outlined in the guidelines prior to sending the completed event to be judged at the state level. The goal for the Barbara James Service Award is that all HOSA members who submit an application earn state and national recognition. Your assurance that the application meets the criteria will help us achieve that goal.
9. Recognition for this event may include listing in the NLC convention program, listing on HOSA's website, a recognition pin, and other recognition as listed in these event guidelines. Gold, silver and bronze medals are not awarded for this and other recognition events at the national level.

**Required Personnel (For event)**

1. Committee established by the state HOSA association to review applications and determine fulfillment of criteria for recognition.

**Event Flow Chart**



Deadline to State HOSA - \_\_\_\_\_

## BARBARA JAMES SERVICE AWARD APPLICATION

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
 Address \_\_\_\_\_ E-mail \_\_\_\_\_  
 School \_\_\_\_\_ State \_\_\_\_\_  
 Home Address\* \_\_\_\_\_  
 Advisor \_\_\_\_\_ School phone \_\_\_\_\_  
 Level: \_\_\_\_ Secondary \_\_\_\_ Postsecondary/Collegiate

**Summary of community service:**

Date(s)	Type of Service (Please combine multiple hours at the same agency on this form.)	Sponsoring Agency	Hours
<b>TOTAL HOURS OF COMMUNITY SERVICE</b>			

\* If additional space is needed, duplicate this chart and include it as an attachment.

☆ **Attachments:** Verification of community service must be attached for each activity claimed. Verification letters or certificates must include the inclusive dates, total hours of volunteer service, and must be signed by an agency/organizational representative. Verification letters must be printed on agency letterhead. This application will not be evaluated if not filled out properly with verification attached.

The official application for this event includes:

- This application page, appropriately completed.
- The verification page
- Attachments that show proof of all community service claimed in this application.

The application packet is stapled together with this page as the cover page. A portfolio or binder is not required.

\* A complete home address is required for mailing the PSSA award if awarded.

## BARBARA JAMES SERVICE AWARD VERIFICATION PAGE

Name of HOSA Member \_\_\_\_\_

HOSA Chapter \_\_\_\_\_

*I verify that I have read the guidelines for this event and have only reported community service hours that meet the standards in the guidelines.*

\_\_\_\_\_  
HOSA Member Date

*I verify that I have evaluated this HOSA member's application, and assure that this portfolio meets all requirements outlined in the event guidelines.*

- *All community service hours occurred between last year's State Leadership Conference and today.*
- *All community service hours are documented on agency letterhead or with some other agency proof of volunteer community service, to include total hours and dates.*
- *All community service hours meet the criteria listed in the "Approved Community Service" section of the guidelines.*

\_\_\_\_\_  
Chapter Advisor Date