

**SSGT JEREMY D. SMITH EXEMPLARY SERVICE AWARD
CADET COMMUNITY SERVICE LOG**

CVA FOUNDATION®
FORM JDSA-001

Box 1: APPLICANT DATA. Fill out the information of the cadet performing community service. Repeat for each sheet.

Box 2: COMMUNITY SERVICE. For each entry, ensure each section is filled out to the best of your ability. Entries with missing information are at the discretion of the cadet's instructor and the award program officials whether they will be counted toward requirements for consideration for the SSGT Jeremy D. Smith Exemplary Service Award.

- a. Enter the date the community service activities were performed.
- b. Enter the location the community service activities were performed.
- c. Enter the community service activity supervisor's name.
- d. Describe the nature, type, and/or details of the community service activity performed.
- e. (for supervisor use only) Add any comments about the cadet's performance of community service activities.
- f. Enter the number of community service hours performed.
- g. (for supervisor use only) Confirm and attest to accuracy of hours and nature of service performed with your signature.

Box 3: AFFIRMATION. Once you have completed this form indicating the required number of hours have been satisfied, both the cadet and their instructor must sign and date before uploading this form to the Applicant Hub.

1. APPLICANT DATA (please type or print legibly)

a. NAME (last, first, middle initial)	b. SCHOOL
c. E-MAIL	d. TYPE OF UNIT (check one) ☐ JROTC ☐ CAP

2. COMMUNITY SERVICE ENTRIES (please print legibly)

a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE

a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE

a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE

1. APPLICANT DATA (please type or print legibly)		
a. NAME (last, first, middle initial)	b. SCHOOL	
2. COMMUNITY SERVICE ENTRIES (continued)		
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
OFFICIAL USE ONLY		

1. APPLICANT DATA (please type or print legibly)		
a. NAME (last, first, middle initial)	b. SCHOOL	
2. COMMUNITY SERVICE ENTRIES (continued)		
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
OFFICIAL USE ONLY		

1. APPLICANT DATA (please type or print legibly)		
a. NAME (last, first, middle initial)	b. SCHOOL	
2. COMMUNITY SERVICE ENTRIES (continued)		
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
a. DATE	b. LOCATION	c. SUPERVISOR NAME
d. DUTIES PERFORMED (acts performed, services rendered, etc.)		
e. SUPERVISOR COMMENTS (encouraged, but not required)	f. HOURS PERFORMED	g. SUPERVISOR SIGNATURE
3. AFFIRMATION		
The undersigned hereby affirm the above community service information is true and accurate to the best of their ability.		
a. CADET SIGNATURE		b. DATE
c. INSTRUCTOR SIGNATURE		d. DATE
OFFICIAL USE ONLY		