TEEN # This space for office use only.

OPTIONAL Heart of Service

TEEN DIVISION

If you would like to participate in this Optional Contest, please do the following:

- 1. Complete this form and bring it with you to Pageant Check-In on pageant weekend; do not send it to the pageant office.
- 2. Include all volunteer work done in your school, church, and community for the past three years.
- 3. Describe the volunteer work and provide the name of the organization where it was done. Note the number of hours donated.
- 4. At least one letter of verification must be attached, but you may attach as many letters as you wish. If there are any activities with 50+ hours of service, a letter of verification is needed for those hours.
- 5. State Finalists may not have received compensation of any kind for any of the activities listed below.
 - Please note: All forms turned in should be copies, not originals. Heart of Service entries will NOT be returned.

Bonus! Recognition and an invitation to compete at the National Pageant will be given to the winner and first runner-up in each age division.

Please print neatly in dark ink or type.	Write on the back or attach an extra page i	f additional space is needed.	
FIRST AND LAST NAME			
VOLUNTEER WORK DONE	ORGANIZATION	HOURS WORKED	
1.			
J.			
4.			
5.			
6.			
7.			
8			
<u></u>			
9.			
10.			
Contestant Sianature		TOTAL HOURS	
Parent Signature		1	