

_____ County Volunteer Service Unit Report

Date completed: _____

Name of person completing this form: _____

Phone number: _____ Email address: _____

Submit report to your AREA LEADERSHIP DEVELOPMENT CHAIR by August 15th.

Please list the top three members per category of volunteer Hours.

EXTENSION HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
KEHA HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
COMMUNITY HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	
PERSONAL HOURS			
1 st place name		Hours:	
2 nd place name		Hours:	
3 rd place name		Hours:	

Please list the names and total hours for all members reporting 500 or more hours of service for the KEHA year. Hours do not carry forward from previous years.

Name	Total Hours	Name	Total Hours

Please list the names and total hours for all CLUBS reporting 1,000 or more hours of service for the KEHA year. Hours do not carry forward from previous years.

Name	Total Hours	Name	Total Hours