_____ 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	Hour	rs:			
2 nd place name	Hour	rs:			
3 rd place name	Hour	rs:			
KEHA HOURS					
1 st place name	Hour	rs:			
2 nd place name	Hour	rs:			
3 rd place name	Hour	rs:			
COMMUNITY HOURS					
1 st place name	Hour	rs:			
2 nd place name	Hour	rs:			
3 rd place name	Hour	rs:			
PERSONAL HOURS					
1 st place name	Hour	rs:			
2 nd place name	Hour	rs:			
3 rd place name	Hour	rs:			

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County: _____

Please list the names and total hours for <u>all members reporting 500 or more hours</u> 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 <u>all CLUBS reporting 1,000 or more hours</u> of service for the KEHA year. Hours do not carry forward from previous years.

Name	Total Hours	Name	Total Hours

Appendix 20 March 2022 _____ AREA Volunteer Service Unit Report

Date completed: _____

Area Leadership Development Chairman: _____

Phone number: _____ Email address: _____

Submit report to the KEHA STATE LEADERSHIP DEVELOPMENT CHAIR by September 15th.

Please list the top three members per category of volunteer hours for your area.

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:				

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