	_ 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	Houi	rs:		
2 nd place name	Hour	rs:		
3 rd place name	Hour	rs:		
	COMMUNITY HOURS			
1 st place name	Houi	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:		

Page	2	0	f 2
------	---	---	-----

County:		
(Olinty:		

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

	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:		