

AREA Volunteer Service Unit Report

This form recognizes individual hours and is used for awards.

Date completed: _____

Area Leadership Development Chairperson: _____

Phone number: _____ Email address: _____

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

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:	