| This form recognizes | individual hours and is used for awards. |
|--------------------------------------|--|
| Date completed | - |
| Name of person completing this form: | |
| Phone number: | Email address: |

County Volunteer Service Unit Report

Submit report to your AREA LEADERSHIP DEVELOPMENT CHAIRPERSON by August 15.

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

| EXTENSION HOURS | | | | | |
|----------------------------|-----------------|--------|--|--|--|
| | LATENSION 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 also ensure your Leadership Development Program of Work Report Form is filed to report total VSU hours for the county.

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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 |
|------|-------------|------|-------------|
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Club hours will no longer be reported on the VSU form.