

## 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 15<sup>th</sup>.**

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

EXTENSION HOURS			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
KEHA HOURS			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
COMMUNITY HOURS			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	
PERSONAL HOURS			
1 <sup>st</sup> place name		Hours:	
2 <sup>nd</sup> place name		Hours:	
3 <sup>rd</sup> place name		Hours:	