	_ 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:		

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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