

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:	