

**\_\_\_\_\_ 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 15<sup>th</sup>.**

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

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

