

CERTIFIED VOLUNTEER UNITS

Volunteer Service Summary

Name _____ County _____ Region _____

City _____ State _____ Zip _____

Date Submitted for Recognition: _____

Date of Volunteer Activity	Type of Volunteer Activity	Hours of Volunteer Time	# of People Reached

TOTAL HOURS: _____

TOTAL PEOPLE REACHED: _____

County _____ Date _____

Region _____ Date _____

State _____ Date _____

[The Total Hours must be submitted in 500-hour increments (i.e. 500, 1000, 1500, not to exceed 2000 per year)]

County Due Date: _____	Region Due Date: <u>June 1st</u> to Region VP of Public Policy	State Due Date: <u>July 1st</u> to State VP of Public Policy
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Revised 2011