

VOLUNTEER COMMUNITY SUPPORT REPORT FORM
 March 1, - February 28,



Club: _____

Please keep an account of ALL Volunteer Community Support deeds and turn in form to your County President or County Volunteer Community Support Chairperson by March 1 Attach additional sheets as needed.

STATE PROJECTS (Please include amount or number of items completed or donated, include cash donations)

| | |
|----------------------------------|--|
| NVON Project in Common: _____ | Riley Children's Hospital: Pop tabs (gallons) _____ |
| Coins for Friendship _____ | Items (specify kind & number) _____ |
| Nickels for Leadership _____ | Ronald McDonald House _____ |
| IEHA International Project _____ | (Specify item & number) _____ |
| Other _____ | _____ |
| TOTAL _____ | |

COUNTY PROJECTS (Please include amount or number of items completed or donated, include cash donations)
Fill in this section to coordinate with projects in your county

| PROJECT | DONATIONS | SERVICE HOURS |
|--------------|-----------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | |

(OVER)

LOCAL CLUB PROJECTS (Please include amount or number of items completed or donated, include cash donations)

| PROJECT | DONATIONS | SERVICE HOURS |
|--------------|-----------|---------------|
| | | |
| | | |
| | | |
| TOTAL | | |

RECORD OF HOURS (PLEASE TRACK THE NUMBER OF HOURS MEMBERS WORKED ON VARIOUS COMMUNITY SERVICE PROGRAMS ON BEHALF OF EXTENSION HOMEMAKERS))

| EVENT | SERVICE HOURS |
|--------------------|---------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL HOURS | |

CLUB VOLUNTEER COMMUNITY SUPPORT CHAIRPERSON INFORMATION

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

PLEASE RETURN COMPLETED FORM TO YOUR COUNTY PRESIDENT OR VOLUNTEER COMMUNITY SUPPORT CHAIR BY MARCH