

# CERTIFIED VOLUNTEER UNITS

## Volunteer Service Summary

**Name** \_\_\_\_\_ **County** \_\_\_\_\_ **Region** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date Submitted for Recognition:** \_\_\_\_\_

Date of Vol. Activity	Type of Volunteer Activity	Hrs. of Vol. Time	# of People Reached

**TOTAL HOURS:** \_\_\_\_\_

**TOTAL PEOPLE REACHED:** \_\_\_\_\_

\_\_\_\_\_  
**County** **Date**  
 \_\_\_\_\_  
**State** **Date**

\_\_\_\_\_  
**Region** **Date**

[The Total Hours must be submitted in 500 hour increments (i.e. 500, 1000, 1500, etc..)]

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