

# 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: <b>June 1st</b> to Region VP of Public Policy	State Due Date: <b>July 1st</b> to State VP of Public Policy
------------------------	-------------------------------------------------------------------	-----------------------------------------------------------------