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: 0.00

TOTAL PEOPLE REACHED: 0

_____

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: June 1st to Region VP of Public Policy	State Due Date: July 1st to State VP of Public Policy

Revised 2023

TAFCE