

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 _____	Items (Specify item & number) _____
IEHA Salutes our Military Heroes (<i>Specify item & number</i>) _____	
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 1st.