

RECORD YOUR 20____ VOLUNTEER HOURS		
	Youth	Other
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL HOURS		

Please send to your chapter's Community Service Chair or to your local President by 12/31.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

County RTA \_\_\_\_\_ Area \_\_\_\_\_

Phone \_\_\_\_\_

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These forms may be copied for your members.