

TRTA Community Volunteer Service Committee



District Annual Report Form

District Community Volunteer Service Committee Chair _____

District _____ Phone _____ Address _____

**Submit by MARCH 1 to State TRTA
Community Volunteer Service Committee Representative**

HOURS TO BE REPORTED FOR TIME PERIOD JANUARY 1 THROUGH DECEMBER 31

List each Local Unit in your District.

LOCAL UNIT	TOTAL HOURS	LOCAL UNIT	TOTAL HOURS

TOTAL NUMBER OF LOCAL UNITS PARTICIPATING IN DISTRICT: _____

GRAND TOTAL OF CVS HOURS FOR DISTRICT: _____