

TRTA Community Volunteer Service Committee



Local Unit Annual Report Form

District Community Volunteer Service Committee Chair _____

District _____ Phone _____ Address _____

**Submit by FEBRUARY 15 to District Community
Volunteer Service Committee Chair**

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

File a copy of this report to your Local Unit President.

Complete Name of Local Unit _____

Total Number of Members _____

Total Number of Members Participating _____

Local Unit Member Submitting the Most Hours _____

Number of Hours _____

Report Submitted by _____

Title

**TOTAL NUMBER OF COMMUNITY VOLUNTEER SERVICE HOURS
FOR LOCAL UNIT**
