

YEAR () ECARSE COMMUNITY VOLUNTEER HOUR SUMMARY

NAME:

EMAIL:

PHONE:

	Hrs	Community Service	Hrs	Religious Service	Hrs	Club/Org Service	Hrs	Club/Org Service	Hrs	Other (List)
JAN										
FEB										
MAR										
APRIL										
MAY										
JUNE										
JULY										
AUG										
SEPT										
OCT										
NOV										
DEC										
TOTAL										
		<i>Meals on W, Hospital, Cty Coun, CASA, AARP</i>		<i>Church activ, S. School, visits, other ministries</i>		<i>Off or chair: DKG, Lions, BSP, ECARSE, Study Clb</i>		<i>Baby sitting, home care prvdr</i>		<i>???, but please be specific</i>