

UNIT Volunteer Services Report

District# _____

Name of Unit	
Volunteer Services Chairman	
Phone	Email
Total Members Reporting	
Total Unit Hours	
Volunteer of the Year Nominee:	
Name:	
Address:	
Phone:	
Email:	
Does your unit participate in the Margaret Poppell "Literacy for Life" Project? Yes No	
If "yes" please complete the following	
Local school(s) that receive books and how many	
1. Name _____	# _____
2. Name _____	# _____
3. Other: _____	# _____
Does your unit participate in the 5 th Grade Essay Contest? Yes No	
If yes, please complete the following for <u>winning</u> essay only:	
Name of Student: (Student's photo and Permission to Publish Form must be attached)	
Address:	
Phone:	
School:	

Return This Form by February 15 to your DISTRICT Volunteer Services Chair
If no District VS Chair, please send to VS State Chair