

UNIT Volunteer Services Report

District# _____

Name of Unit		
Volunteer Services Chairman		
Phone	Email	
Total Members Reporting		
Total Unit Hours <i>(including youth)</i>		
AARP With Our Youth (up to 25 years of age) Hours (Optional)		
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 must be attached)		
Address:		
Phone:		
School:		

Return This Form by MARCH 15 to your DISTRICT Volunteer Services Chairman who will send it on to the STATE Volunteer Services Chairman for data collection.