

Date

# KARSP Unit Report - District 1 2 3 4 5 6

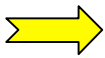
Name of local unit \_\_\_\_\_

Community Service Chairperson \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, KS Zip \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_



As committee chairperson, I will be attending the State Convention.  
Yes or No \_\_\_\_\_

## ☆☆ Report of Service Hours ☆☆

Total number of service hours reported by all members \_\_\_\_\_

Total number of all the members in the unit \_\_\_\_\_

Ratio of service hours to member (*divide the total hours by the total members – excluding any members who are incapacitated; round to two decimal places*) \_\_\_\_\_

Total number of Working With Youth! Hours \_\_\_\_\_

## ☆☆ Report of Individual Service Hours ☆☆

Name of person in the unit with the greatest number of hours \_\_\_\_\_

His or her total number of volunteer service hours \_\_\_\_\_

On the back of this paper, please list any persons in your group who contributed 900 or more hours of community service; please list their number of hours.

