

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.

