

2018-2019 Unit Volunteer Hours Reporting Form

Please submit to the WREA State Office by September 30, 2019

UNIT NAME: _____

UNIT PRESIDENT: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

NAME OF PERSON SUBMITTING THIS REPORT: _____

| Category | Total Number of Reported Hours |
|------------------------------|--------------------------------|
| WITH OUR YOUTH | |
| WITH OUR COMMUNITY | |
| WITH WREA | |
| TOTAL VOLUNTEER HOURS | |

TOTAL NUMBER OF SEPARATE ORGANIZATIONS VOLUNTEERED FOR: _____

Unit Volunteer of the Year:

Name: _____

Address: _____

Phone: _____

Please say something about what makes this individual an outstanding volunteer: