

Florida Home Community Leadership  
**CVU Volunteer Service Summary**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

**Report ALL certified volunteer hours accumulated during the year.  
(HCE hours plus Community Service Hours all count as CVU hours)**

**Home and Community Education (HCE) Hours**

Teaching & Training Hours \_\_\_\_\_

Public Relations Hours \_\_\_\_\_

Administrative & Organization  
Hours \_\_\_\_\_

**Total HCE Hours** \_\_\_\_\_

Number of People Reached \_\_\_\_\_

**Community Service (CS) Hours (All hours OTHER THAN those listed for HCE  
above)**

Community Service Hours \_\_\_\_\_

Number of People Reached \_\_\_\_\_

**Total People Reached** \_\_\_\_\_

**Total CVU Hours (HCE & CS**

**Totals)** \_\_\_\_\_

Signature of certifying person  
(Advisor, Club or Council  
President) \_\_\_\_\_

Position Held \_\_\_\_\_ Date \_\_\_\_\_

**Report to be sent to your District CVU Chairman – Postmarked no later than December 1**