

## CVU Volunteer Service Summary

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail address \_\_\_\_\_

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 \_\_\_\_\_

Admin. & Organization Hours \_\_\_\_\_

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

Number of people reached \_\_\_\_\_

### COMMUNITY SERVICE HOURS (All hours other than those listed above)

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

Number of People reached \_\_\_\_\_

Total Reached \_\_\_\_\_

TOTAL CVU HOURS \_\_\_\_\_

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