



KARSP Unit Report Circle District 1 2 3 4 5 6 7 Date _____

Name of local unit _____

Community Service Chairperson _____

Address _____ City _____ Zip _____

Phone number(s) _____ Email _____

Will be attending the State Convention Yes or No

Unit Service Hours:

Total number of hours reported by members including youth hours _____.

Total number hours working with youth _____.

Individual Service Hours:

Member with most volunteers hours _____ hours _____

List members who reported 900 or more volunteer hours.

(Please print name & number of hours.)

(Please print name & number of hours.)

Unit Activity Report:

1. Describe briefly the major or special project(s) your unit sponsors or supports.

2. Describe briefly any project(s) that work directly or indirectly with youth.