INDIVIVUAL COMMUNITY SERVICE REPORT

NAME OF EVENT:  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

WHAT DID YOU DO:  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

# MEMBERS***: \_\_\_\_\_\_\_\_\_***  HOURS: ***\_\_\_\_\_\_\_\_***  MILEAGE: *\_\_\_\_\_\_\_\_\_*

EXPENSES AND/OR DONATIONS (WHAT DID YOU SPEND OR GIVE: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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NAME OF EVENT:  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

WHAT DID YOU DO:  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

# MEMBERS***: \_\_\_\_\_\_\_\_\_***  HOURS: ***\_\_\_\_\_\_\_\_***  MILEAGE: *\_\_\_\_\_\_\_\_\_*

EXPENSES AND/OR DONATIONS (WHAT DID YOU SPEND OR GIVE: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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NAME OF EVENT:  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

WHAT DID YOU DO:  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

# MEMBERS***: \_\_\_\_\_\_\_\_\_***  HOURS: ***\_\_\_\_\_\_\_\_***  MILEAGE: *\_\_\_\_\_\_\_\_\_*

EXPENSES AND/OR DONATIONS (WHAT DID YOU SPEND OR GIVE: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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NAME OF EVENT:  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

WHAT DID YOU DO:  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

# MEMBERS***: \_\_\_\_\_\_\_\_\_***  HOURS: ***\_\_\_\_\_\_\_\_***  MILEAGE: *\_\_\_\_\_\_\_\_\_*

EXPENSES AND/OR DONATIONS (WHAT DID YOU SPEND OR GIVE: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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ADDITIONAL INFORMATION: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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ITEMS THAT SHOULD BE COVERED: COMMUNITY SERVICE, SAFETY, AMERICANISM AND YOUTH