

**Community Service Report Form**

**Personal Volunteer Activities**

Local Union name \_\_\_\_\_

Reporting date \_\_\_\_\_

Name \_\_\_\_\_

Contact number \_\_\_\_\_

Volunteer Highlights \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Benefiting organization(s) \_\_\_\_\_

\_\_\_\_\_

Cost of donation materials/supplies (if appropriate) \_\_\_\_\_

Number of total volunteer hours \_\_\_\_\_

Comments:

Check all applicable boxes and provide information for all checked boxes.

Please fax to (614) 227-8747 attention Joan Fluharty, Labor Liaison, United Way of Central Ohio, or email an electronic copy to [joan.fluharty@uwcentralohio.org](mailto:joan.fluharty@uwcentralohio.org), as often as you can!!

Questions? Call Joan at (614) 227-2729. **THANK YOU FOR YOUR CONTRIBUTION!**