WAVES NATIONAL VOLUNTEER HOURS

Name:

If this is a Unit report how many members are represented ?

Unit # State **MAL** **Years** **2011 -2012**

membership #

TOTAL

VOLUNTEERED FOR:	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	
Community Hours (not Veteran related)													
TOTALS													
VA Hours													
Community Hours for the Veteran													
TOTALS													

Mail To: NATIONAL VOLUNTEER HOURS CHAIRPERSON (see WHITE CAPS)

Carbon Copy to State Chairman and Regional Representative

REPORTS MUST BE RECEIVED NO LATER THAN JUNE 15TH