

The Golden Triangle Kiwanis Club

COMMUNITY SERVICE REPORT

Service Project Information

(list all organizations for which you volunteered over the past month)

Date	Organization Name	Number of Hours	Agency Contact Name

*** Attach additional dates, hours and total, if necessary.**

Were you a Project Leader for any of the above listed events?

YES

NO

If so, what projects did you lead?

Kiwanis Member's Name

Date

Bring to the next Kiwanis meeting or mail to:

**Golden Triangle Kiwanis
P. O. Box 162
Mount Dora, FL 32756**