**VIRGINIA RETIRED TEACHERS’ DOCUMENTATION FORM**

**COMMUNITY SERVICE AND WITH OUR YOUTH VOLUNTEER HOURS**

**May 1, \_\_\_\_\_\_to April 30, \_\_\_\_\_\_**

**NAME OF LOCAL UNIT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DISTRICT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name and Address of Community Service Chairperson

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_1. Total number of members in unit.

\_\_\_\_\_2. Number of members working in community service

\_\_\_\_\_3. Total number of community service hours

\_\_\_\_\_4. Total number of members working on *With Our Youth* projects

\_\_\_\_\_5. Total number of Youth served.

\_\_\_\_\_6. Total number of hours

**TOTAL NUMBER OF COMMUNITY SERVICE HOURS AND WITH OUR YOUTH HOURS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To meet the criteria for the most active unit, you must submit a summary describing the project with the youth. This report must be sent to the VRTA Community Service Chair by **June 30** of each year.

Send to: Louise Mont-Adams

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 Brodnax, VA 23920

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Phone: 434-917-3097