



Name: _____

Date of Service: _____

Charity or Affiliate you performed the service for: _____

What you did: _____

Who you reported to: _____

Contact for the Event: _____

Please answer a few questions to give us more information about your volunteer activity:

1. Select if this activity was VPPA or Non-VPPA

2. Select type of activity

Please sign below, save the file with a unique file name, and forward to your District Governor with an additional information you think necessary. (typed digital signature accepted)