(Form C)

2026 Local Unit Community Service Top Volunteer

Top Volunteer Name _____ **Local Unit** _____

_____

Top Volunteer Signature

(My signature verifies that the number of hours submitted is correct.)

Top Volunteer Mailing Address: _____

_____

Total Number of Hours _____ **Date Submitted** _____

DESCRIBE VOLUNTEER ACTIVITY

(USE EXTRA SHEETS IF NEEDED.)

HOURS TOTALED	WHERE	TYPE OF ACTIVITY	CONTACT PERSON/PHONE
Education			
Other			

_____ _____ _____

Local Chair Signature **Local Chair Email Address** **Local Chair Phone Number**

LOCALS & REGIONS TO RECOGNIZE OWN WINNERS

***This form must be submitted to the Regional Chair by February 2, 2027, for hours to be counted. Postmark or email form by this date.**

https://www.ncrsp.org/committees/community-service

Revised 4.21.26