

**CIVIC AND/OR COMMUNITY SERVICE BY SOUTH AUSTIN AARP CHAPTER 2426 VOLUNTEERS**

**PLEASE BRING THIS INFORMATION TO THE MONTHLY CHAPTER MEETING**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

<b>CATEGORY</b>	<b>HOURS</b>	<b>CATEGORY</b>	<b>HOURS</b>
AARP ANNUAL DAY OF SERVICE		FUNDRAISING FOR COMMUNITY SERVICE	
AARP DRIVER SAFETY PROGRAM		HEALTH AND WELLNESS	
AARP TAX AIDE		LONG TERM CARE/NURSING HOME SUPPORT	
HUNGER		INDEPENDENT LIVING/ IN HOME CARE GIVING/HOME REPAIRS	
ADVOCACY/LEGISLATION/INFORMATION/REFERRAL SERVICES		INDEPENDENT LIVING/ TRANSPORTATION SERVICES	
EDUCATION/SCHOLARSHIPS OR OTHER		ALL OTHER VOLUNTEER AREAS	
SUBTOTAL		SUBTOTAL	
<b>Total Volunteer Hours</b>			

Please submit this form to Ed Gonzales at the monthly meeting or at (512) 444-3335 or [edgonzales7@gmail.com](mailto:edgonzales7@gmail.com)

**CIVIC AND/OR COMMUNITY SERVICE BY SOUTH AUSTIN AARP CHAPTER 2426 VOLUNTEERS**

**PLEASE BRING THIS INFORMATION TO THE MONTHLY CHAPTER MEETING**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

<b>CATEGORY</b>	<b>HOURS</b>	<b>CATEGORY</b>	<b>HOURS</b>
AARP ANNUAL DAY OF SERVICE		FUNDRAISING FOR COMMUNITY SERVICE	
AARP DRIVER SAFETY PROGRAM		HEALTH AND WELLNESS	
AARP TAX AIDE		LONG TERM CARE/NURSING HOME SUPPORT	
HUNGER		INDEPENDENT LIVING/ IN HOME CARE GIVING/HOME REPAIRS	
ADVOCACY/LEGISLATION/INFORMATION/REFERRAL SERVICES		INDEPENDENT LIVING/ TRANSPORTATION SERVICES	
EDUCATION/SCHOLARSHIPS OR OTHER		ALL OTHER VOLUNTEER AREAS	
SUBTOTAL		SUBTOTAL	
<b>Total Volunteer Hours</b>			

Please submit this form to Ed Gonzales at the monthly meeting or at (512) 444-3335 or [edgonzales7@gmail.com](mailto:edgonzales7@gmail.com)