

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

PLEASE BRING THIS INFORMATION TO THE MONTHLY CHAPTER MEETING

Name _____ Address _____ Phone _____

CATEGORY	HOURS	CATEGORY	HOURS
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	
Total Volunteer Hours			

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

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