

Hands on Service Hours Individual Hours Chart

Name _____

Age _____

Are you aMEMBER / PLEDGE / ADULT (circle one)

Assembly Name/Number _____

Mother Advisor's Signature _____

	Hands on Service for BCRF	Hands on Service in community with Rainbow	Hands on Service in community outside Rainbow	Other (specify)
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
TOTALS				

Mail completed form by June 1st to:

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