



Pennsylvania Association of School Retirees

AND



York County Chapter of the Pennsylvania Association of School Retirees

COMMUNITY SERVICE SURVEY

To all PASR members — *Thank you for being a volunteer in our community!*

PASR chapters are interested in documenting the hours of service that volunteer retirees contribute to their local communities. In doing this, our volunteers show a positive picture of the activities of public school retirees to the community at large. Please take a moment to complete this form, filling in the appropriate number of hours PER YEAR that you volunteer. A summary of this information will be shared with AARP, NRTA, and PASR headquarters. Using your tab key, you can move from input area to input area or you may click with your mouse.

<u>EDUCATIONAL</u>	<u>HRS/YR</u>
Historical Association	<u>0</u>
Library.....	<u>0</u>
School Board	<u>0</u>
Other.....	<u>0</u>
Total.....	<u>0</u>

<u>POLITICAL</u>	<u>HRS/YR</u>
Advocacy	<u>0</u>
Boards/Commissions	<u>0</u>
Elections	<u>0</u>
Other	<u>0</u>
Total	<u>0</u>

<u>SOCIAL SERVICES</u>	
Boards/Committees	<u>0</u>
Cancer Society	<u>0</u>
Drug/Alcohol	<u>0</u>
Fire/Ambulance.....	<u>0</u>
Fraternal Groups.....	<u>0</u>
Hospital/Nursing Home	<u>0</u>
Meals on Wheels	<u>0</u>
Office of the Aging	<u>0</u>
Red Cross.....	<u>0</u>
Salvation Army.....	<u>0</u>
Service Organization.....	<u>0</u>
Soup Kitchen/Food Bank	<u>0</u>
Visitation/Nurturing/Family	<u>0</u>
Other.....	<u>0</u>
Total.....	<u>0</u>

<u>RELIGIOUS</u>	
Instruction (Adult).....	<u>0</u>
Instruction (Youth)	<u>0</u>
Organization	<u>0</u>
Visitation	<u>0</u>
Other	<u>0</u>
Total	<u>0</u>

<u>SERVICES TO YOUTH</u>	
Alliance with Youth	<u>0</u>
Classroom Volunteer	<u>0</u>
Head Start	<u>0</u>
Latchkey Program.....	<u>0</u>
Literacy	<u>0</u>
Scholarships	<u>0</u>
School Volunteer	<u>0</u>
Sports	<u>0</u>
Tutoring	<u>0</u>
YMCA/YWCA.....	<u>0</u>
Other	<u>0</u>
Total	<u>0</u>

I have served in special leadership roles as follows (just type in the first line – it will wrap. When done, press TAB or click with your mouse.):

Leadership Description

Total Hours Per Year / All Categories: Total Hours Chapter: Chapter Name

Phone Number: Your Phone Date: Submitted Date

Name: Your Name E-mail: Your Email

Please return this form to Therese Laucks (Laucks@comcast.net)
Please attach a sheet with additional information, if applicable.