

**Arizona State Educational Excellence Committee**

**Arizona Serves Community Drives**

**Record of Project Hours**

**The purpose of this data sheet is to highlight the connections that educators are making within the community through a variety of professional and educational activities, support of the careers of early educators, and state and community service projects.**

**Record information about the state and chapter projects: the number of members involved; the number of individuals impacted by the project, if known; the hours spent, and the monetary in-kind donations given. The monetary in-kind donations are those given to the community for which no reimbursement has been given. If the chapter so chooses, use the second page to record individual member’s projects, along with the requested information.**

**Because marketing and communication of Arizona Serves Community Drives is very important to our organization, we ask that you submit an article and a photograph(s) of each project to local media, DKG International via** [**https://facebook.com/**](https://facebook.com/dkgorg/)**dkg.org/, as a blog for DKG News to dkg.org, and to Arizona State via** **dkgazstate@gmail.com****. Please record the name of the local media outlet and date submitted on this form. Thank you!**

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| **Chapter Name** | **Projects Committee Chair Name** | **Phone #** | **Email Address** |
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**Annual data collection 07/01/2023-04/30/2024**

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| **STATE PROJECTS****Description** | **Number of DKG Members Involved** | **Number of People****Served** | **Total Volunteer****Hours** | **Monetary, In-kind Donations (no reimbursement given)** | **Local Media****Outlet Name** | **Date Media Submitted** |
| **2023**Towels collected for Hospice of the Valley, Phoenix |  | 150 towelswere delivered to the facility |  |  |  |  |
| **2024** |  |  |  |  |  |  |
| **CHAPTER’S COMMUNITY PROJECT(S)****Description** | **Number of DKG Members Involved** | **Number of People Served** | **Total Volunteer****Hours** | **Monetary, In-kind Donations (no reimbursement given)** | **Local Media****Outlet’s Name** | **Date Media Submitted** |
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**Please save this document to your computer. Monthly fill in chapter data, save, and by May 1, 2024, email as an attachment to Cindy Britton at** **cynthiabritton425@gmail.com** **Thank you for your assistance!**

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| **INDIVIDUAL MEMBER’S****VOLUNTEER HOURS**Member’s name; name of school or organization, in member’s community, at which member volunteered; brief description of service member performed. |  | **Number of People Served** | **Total Volunteer****Hours** | **Monetary, In-kind donations, in member’s community (no reimbursement given)** | **Local Media****Outlet’s Name** | **Date Media** **Submitted** |
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