

Lions Young Leaders in Service Youth Service Hours Tracking Sheet

(For use by participating youth)

eet Address y State/Province Postal Code	se this form to rec curn the complete	ord your service hours to d form to	be considered fo	be considered for the Lions Young Lead by		ice Award. l	
State/Province Postal Code ephone Email Age Male Female SERVICE CATEGORY COORDINATOR'S	st Name		Last name				
ephone Email Age Male Female SERVICE CATEGORY COORDINATOR'S	eet Address						
SERVICE CATEGORY COORDINATOR'S	у			State/Province		Postal Code	
CATEGORY COORDINATOR'S	ephone	Email		Age	 Ma	le Female	
	DATE	CATEGORY		LOCATION			
		ove, use the following codes t					
*SERVICE CATEGORY CODES In column above, use the following codes to indicate the category of service for each activity: 1 - Diabetes 2 - Vision 3 - Hunger 4 - Pediatric Cancer 5 – Environment 6 - Other	YOUTH SIGNATURE:				DATE:		
In column above, use the following codes to indicate the category of service for each activity: 1 - Diabetes 2 - Vision 3 - Hunger 4 - Pediatric Cancer 5 – Environment 6 - Other	PARENT/GUARDIAN SIGNATURE:				DATE:		