



NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL®, INC.

SERVICE PROJECT REPORTING FOR YOUTH CONFERENCES

Conference Name _____

Conference Type K-8 High school Other _____

Moderator's Name _____

Phone Number/Email Address _____

Type of Service Project (*We welcome all projects)

- | | | |
|--|---|--|
| <input type="checkbox"/> Meal Delivery | <input type="checkbox"/> Nursing Home Visit | <input type="checkbox"/> Litter Cleanup |
| <input type="checkbox"/> Serving Food | <input type="checkbox"/> Blood Drive | <input type="checkbox"/> Disaster Relief |
| <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Fun Run/Walk | <input type="checkbox"/> Church Event |
| <input type="checkbox"/> Collection | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Other |

Date of Service Project _____

Number of Youth Members Participating _____

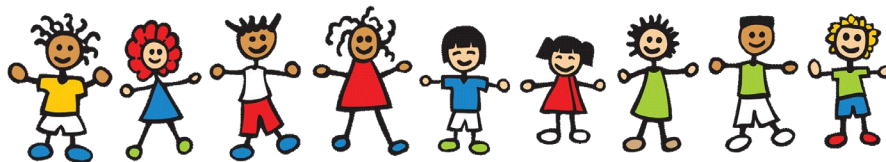
Number of Youth Non-Members Participating _____

Number of Adult Leaders _____

Total Project Hours (Members and Non-Members) _____

Did you partner with a local organization? If so, who? _____

Project Details: (Attach additional sheet if necessary)



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