



COMMUNITY SERVICE FORM

Children's Miracle Network (CMN) List the number of hours spent raising money for the Children's Miracle Network in the last 12 months: _____

List the total amount of money raised for CMN in the last 12 months: _____

Number of Organizations List the names of groups or organizations other than CMN (ie, Cancer Society, Diabetes Foundation, Habitat for Humanity, civic groups, church groups, etc) with which you have been involved during the last 12 months: _____

Number of Projects List the total number of Community Service Projects other than CMN (ie, charity walks and events, recycling, serving meals to the homeless, etc) with which you have been involved during the last 12 months: _____

List the total number of hours you spent working on these other Community Service Projects in the last 12 months: _____

Number of Hours List the total number of hours you spent working on Community Service Projects, including CMN, during the last 12 months: _____

Funds Raised List the approximate total amount of money for which you were directly responsible for raising, during the last 12 months, in working with your Community Service Projects & CMN:

Candidate Signature

Date