SENIOR RECOGNITION PROGRAM

CAHEC
Creating Partnerships, Strengthening Communities

ACTIVITIES DOCUMENTATION

Name of Resident: _____

Description of Activity	Name of Sponsoring Organization	Date Completed	# of Hours	Supervisor Signature

**** AFFIX OFF-SITE VERIFICATION FORMS TO THIS SHEET****

HOURS MUST BE COMPLETED BETWEEN MAY 15 AND THE FOLLOWING MARCH 15

LR 3/15/2011