

ELEANOR KNOKE HOURS

NAME _____

Month(s) _____

Religious (identify)	HOURS
Committee	_____
Sunday School Teacher	_____
Youth Activities	_____
Choir	_____
Other-Please specify	_____
Hospital/Nursing Home (identify)	
Meals on Wheel	_____
Hospice	_____
Other-Please Specify	_____
Political (identify)	
Campaign	_____
Phone Bank	_____
Election Day	_____
Other-Please Specify	_____
Community Organization (identify)	
Education/School	_____
Service Clubs-Please Specify	_____
Other-Please Specify	_____
BPW Activities	
Local Committee Activities	_____
District Activities-List Activity	_____
Other Local Activities	_____