Iowa Department of Human Services

ANNUAL VOLUNTEER REPORT: REGION

	Region	
	Year	
Complete for each county	<i>7</i> :	
Name of county		
Name of Volunteer Coord	dinator or Agency	
Summary of services pro-	vided by volunteers	
Annual Total # of volunte	eer hours	
	Signature	Date

470-2075 (Rev. 4/96) White: State Director Yellow: Region Pink: Contractor