

SBC MEMBER NAME:		ADVISOR:		
	(L1) Literacy	{3, 5, 6}		
LOCATION	TYPE OF ACTIVITY	DATE OF	EVENT	VOLUNTEER
		COMPLETETION	TIME	HOURS
	(L2) Scrapbo			1
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA
			NA	NA
	(L3) Job Shado	owing {5}		
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
		COMIT ELTETION	TIME	HOOKO
	(L4) Sigma Beta A	thletics {2,5}		
LOCATION	TYPE OF ACTIVITY	DATE OF	EVENT	VOLUNTEER
LOGATION	THE OF ACTIVITY	COMPLETETION	TIME	HOURS
	<u> </u>			

ONCE COMPLETED EMAIL TO DOS SBC DIRECTOR TO VERIFY ACTIVITES. <u>sigmab</u>	<u>etaclub@stpetesigmas.cor</u>
VOLUNTEER HOURS WERE COMPLETED DURING THE	_CALENDAR YEAR
DIRECTOR SIGNATURE	



(L5) Digital Profiling {5, 6, 9} LOCATION TYPE OF ACTIVITY DATE OF COMPLETETION TIME HOURS NA
TYPE OF ACTIVITY COMPLETETION TIME HOURS NA NA NA NA NA NA
NA NA NA NA NA
NA NA
(L6) Anti-Bullying {1, 7, 9}
LOCATION TYPE OF ACTIVITY DATE OF COMPLETETION TIME HOURS
(L7) Childhood Obesity Event {1, 5, 7}
LOCATION TYPE OF ACTIVITY DATE OF EVENT VOLUNTED COMPLETETION TIME HOURS
(L8) College Tour {3, 5}
LOCATION TYPE OF ACTIVITY DATE OF EVENT VOLUNTED COMPLETETION TIME HOURS
NA NA

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VOLUNTEER HOURS WERE COMPLETED DURING THE _	CALENDAR YEAR
DIRECTOR SIGNAT	URE



SBC MEMBER NAME:		ADVISOR:		
(L9) Sigma Beta Against Teenage Pregnancy Plus {5, 7}				
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
		COMPLETETION	IIIVIE	HOURS
	(L10) Peer Press	sure {7, 9}		
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
		OOMI ELTETION	NA	NA
			NA	NA
			NA	NA
(L11) Financial College Planning {3, 5}				
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA
			NA	NA
	(L12) Employabil	ity {3, 5, 6,}		
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
(L13) Public Speaking {1, 5}				
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
		GOINI ELTETION	THALE	NA NA
				NA
				NA
				NA
				NA

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SBC MEMBER NAME:	ADVISOR:				
(L14) Mentoring {5}					
LOCATION	TYPE OF ACTIVITY		DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			COMPLETETION	THAIL	HOOKS
	(L15) Community S	Service	{4, 5)		
LOCATION	TYPE OF ACTIVITY		DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
(L16-19) Local Activity (4 Activities) {1, 3, 4, 7}					
LOCATION	TYPE OF ACTIVITY		DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

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DIRECTOR SIGNATURE	