SIGMA BETA CLUB
RISE AND THUNDER PROGRAM
LEVEL: THUNDER

SBC MEMBER NAME: _____	ADVISOR: _____

(T1) Guest Speaker Series {7, 8}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA
			NA	NA
			NA	NA
			NA	NA
			NA	NA

(T2) Literacy {3, 5, 6}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

(T3) Scrapbook {4, 5, 9}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA

(T4) Digital Profiling {9}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA
			NA	NA
			NA	NA

ONCE COMPLETED EMAIL TO DOS SBC DIRECTOR TO VERIFY ACTIVITES. sigmabetaclub@stpetesigmas.com

_____VOLUNTEER HOURS WERE COMPLETED DURING THE _____CALENDAR YEAR

_____DIRECTOR SIGNATURE

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(T5) Childhood Obesity Event {5, 7}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

(T6) College Tour {3, 5}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA
			NA	NA
			NA	NA

(T7) Sigma Beta Against Teenage Pregnancy Plus {5, 7}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

(T8) Peer Pressure {7, 9}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA
			NA	NA
			NA	NA
			NA	NA
			NA	NA
			NA	NA

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(L9) Sigma Beta Against Teenage Pregnancy Plus {5, 7}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

(T9) Financial College Planning {3, 6}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA
			NA	NA
			NA	NA
			NA	NA

(T10) Employability {3, 5, 9}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
			NA	NA
			NA	NA

(T11) Public Speaking {5, 7}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

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(T12) Mentoring {5}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

(T13) Community Service {4, 5}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

(T14-17) Local Activity (4 Activities) {4, 7, 8, 9}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETETION	EVENT TIME	VOLUNTEER HOURS

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_____DIRECTOR SIGNATURE