

THSO Community Outreach Event Activity Form

Officer / employee name: _____

Community event: _____ Date: _____

Starting time: _____ Ending time: _____

Total hours worked: _____ Grant number: _____

List activity or type(s) of information shared:

Must be related to your grant funding source (example: 154 = impaired driving)

Estimated number of event attendees: _____

Total number of event contacts: _____

Comments from your community:

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Employee's Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____

** Event photos are **required** with this activity form*