



## Giv<sup>2</sup> Chapter Leader Event Summary

Please fill out this report and email to Debby Kirk ([debbyk@ctucc.org](mailto:debbyk@ctucc.org)) or mail a copy to Connecticut Conference UCC, 125 Sherman St. Hartford, CT 06105

Chapter \_\_\_\_\_

Chapter Coordinator \_\_\_\_\_

Work Date and Time \_\_\_\_\_

Work site \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ website \_\_\_\_\_

Work Site Contact person \_\_\_\_\_

Brief Description of your work \_\_\_\_\_

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Number of students \_\_\_\_\_ + Number of adults \_\_\_\_\_ = Total workers \_\_\_\_\_

X Total Number of hours working on site \_\_\_\_\_ = Number of Service hours \_\_\_\_\_

Total number of workers \_\_\_\_\_ = X Total Minutes of reflection time \_\_\_\_\_ /60 min. = Number of reflection hours \_\_\_\_\_

Chapter Coordinator Hours (approximate number of hours of planning for this event) \_\_\_\_\_

**Evaluation and brief summary:**

What went well from organizational, ministry, and service perspectives? \_\_\_\_\_

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Any Problems? \_\_\_\_\_

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Do you think our Giv<sup>2</sup> team should return to this site? \_\_\_\_Yes \_\_\_\_ No

Why? What changes would you make? \_\_\_\_\_

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Photos submitted \_\_\_\_Yes \_\_\_\_No

Chapter Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

Giv2 Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to Debby Kirk [debbyk@ctucc.org](mailto:debbyk@ctucc.org)