



PENNSYLVANIA ASSOCIATION OF SCHOOL RETIREES
COMMUNITY SERVICES SURVEY—2023-24

TO ALL PASR MEMBERS: Thank you for being a volunteer in our community!

PASR CHAPTERS are interested in documenting the hours of service that volunteer retirees contribute to their local communities. In doing so, our volunteers show to the community-at-large a positive picture of the activities of public-school retirees. Please take a moment to complete the chart below, filling in the appropriate number of hours PER YEAR which you volunteer. A summary of this information will be shared with AARP, NRTA and the state PASR.

EDUCATIONAL

| | HRS/YR |
|------------------------------|---------------|
| Historical Association | _____ |
| Library | _____ |
| School Board | _____ |
| Other | _____ |
| Total | _____ |

POLITICAL

| | HRS/YR |
|--------------------|---------------|
| Advocacy | _____ |
| Elections | _____ |
| Government | _____ |
| Other | _____ |
| Total | _____ |

SOCIAL SERVICES

| | HRS/YR |
|------------------------------|---------------|
| Boards/Committees | _____ |
| Cancer Society | _____ |
| Drug/Alcohol | _____ |
| Fire/Ambulance | _____ |
| Fraternal Groups | _____ |
| Hospital/Nursing Home | _____ |
| Meals on Wheels | _____ |
| Office of the Aging | _____ |
| Red Cross | _____ |
| Salvation Army | _____ |
| Service Organization | _____ |
| Soup Kitchen/Food Bank | _____ |
| Visitation/Nurturing | _____ |
| Other | _____ |
| Total | _____ |

RELIGIOUS

| | HRS/YR |
|-------------------------|---------------|
| Adult Instruction | _____ |
| Youth Instruction | _____ |
| Organization | _____ |
| Visitation | _____ |
| Other | _____ |
| Total | _____ |

SERVICES TO YOUTH

| | HRS/YR |
|---------------------------|---------------|
| Alliance with Youth | _____ |
| Classroom Volunteer | _____ |
| Head Start | _____ |
| Latchkey Program | _____ |
| Literacy | _____ |
| Scholarships | _____ |
| School Volunteer | _____ |
| Sports | _____ |
| Tutoring | _____ |
| YM/YWCA | _____ |
| Other | _____ |
| Total | _____ |

I HAVE SERVED IN SPECIAL LEADERSHIP ROLES AS FOLLOWS:

TOTAL HRS/YEAR/ALL CATEGORIES: _____

CHAPTER: DCPASR _____

NAME: _____

DATE: _____

Please use a clean added sheet for activities with youth that are not listed above.

**Return this form by June 30, 2024, to either: Mary Ickes, PO Box 153, Loysville, PA 17047 OR
Sue Wolfe, 2407 Wicklow Drive, Harrisburg, PA 17112**