



**PENNSYLVANIA ASSOCIATION OF SCHOOL RETIREES**  
**COMMUNITY SERVICES SURVEY—2024-25**

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**

	<b>HRS/YR</b>
Historical Association .....	_____
Library .....	_____
School Board .....	_____
Other .....	_____
<b>Total</b> .....	<b>_____</b>

**POLITICAL**

	<b>HRS/YR</b>
Advocacy .....	_____
Elections .....	_____
Government .....	_____
Other .....	_____
<b>Total</b> .....	<b>_____</b>

**SOCIAL SERVICES**

	<b>HRS/YR</b>
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 .....	_____
<b>Total</b> .....	<b>_____</b>

**RELIGIOUS**

	<b>HRS/YR</b>
Adult Instruction .....	_____
Youth Instruction .....	_____
Organization .....	_____
Visitation .....	_____
Other .....	_____
<b>Total</b> .....	<b>_____</b>

**SERVICES TO YOUTH**

	<b>HRS/YR</b>
Alliance with Youth .....	_____
Classroom Volunteer .....	_____
Head Start .....	_____
Latchkey Program .....	_____
Literacy .....	_____
Scholarships .....	_____
School Volunteer .....	_____
Sports .....	_____
Tutoring .....	_____
YM/YWCA .....	_____
Other .....	_____
<b>Total</b> .....	<b>_____</b>

***I HAVE SERVED IN SPECIAL LEADERSHIP ROLES AS FOLLOWS:***

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**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, 2025, to either: Mary Ickes, PO Box 153, Loysville, PA 17047 OR  
Sue Wolfe, 2407 Wicklow Drive, Harrisburg, PA 17112**