

**MENTAL HEALTH AWARENESS  
AND WELLBEING**



**Break the Stigma, Ignite Hope  
Mental Health Matters**

## **NVON Project in Common Reporting Forms**

Date \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Number of Volunteers \_\_\_\_\_

State \_\_\_\_\_ Club Name \_\_\_\_\_ Total Volunteer Hours \_\_\_\_\_

### **Donations**

<b>Who did you donate to?</b>	<b>Type of Donation</b>	<b>Quantity</b>

### **Classes/Workshops**

<b>Subject/Topic</b>	<b>Number of Participants</b>

**Number of educational materials delivered:** \_\_\_\_\_

**Other: (Describe other volunteer efforts)**

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Complete form/send to Dot Hart [dotleedunn@aol.com](mailto:dotleedunn@aol.com) 859-351-1340; 1909 West Holland Ave., White Hall, AR 71602

Send Money/copy to NVON Treasurer, Harlene Welch [harlenewelch@gmail.com](mailto:harlenewelch@gmail.com) 859-298-9460; 207 5<sup>th</sup> Street, Cynthiana, KY 41031