



GHP Community Outreach Journal

Please complete this form and scan and email back to ghp@mydsn.net with the subject: "GHP COJ," no later than two weeks after your volunteer experience.

GHP Quarterly Membership requirements include:

1. Complete **6** hours of volunteer experience each quarter
2. Volunteer at **2** different sites
3. Attend **1** GHP Meeting

Please contact ghp@mydsn.net if you have any questions!

Your Name:

DSN Email:

Date of Volunteer Experience:

Site:

Number of Hours Volunteered:

Site Supervisor Signature (Please print and sign):

Please answer the following question:

What was significant about this volunteer experience and how does it tie into GHP's Mission & Values?