

## GET ENGAGED REPORTING FORM

Program Title: \_\_\_\_\_

Program Description: \_\_\_\_\_

Population:    Women                       Men                       Seniors                       International Women of Color

Components:  Criminal Justice       Media Diversity       Public Policy Voting       #OurGirls Empowerment

Total Attendance:    Zeta \_\_\_\_\_      Zeta Amicae \_\_\_\_\_      Zeta Youth \_\_\_\_\_      Community \_\_\_\_\_

Cost of Activity: \$ \_\_\_\_\_    Time in Hours \_\_\_\_\_    Donated \$ \_\_\_\_\_    No. of Items Donated \_\_\_\_\_

**▪ Zeta Phi Beta Sorority, Incorporated Members, Zeta Auxiliaries and Youth Only ▪**

Chapter/Auxiliary Name \_\_\_\_\_ Size \_\_\_\_\_

University (If Applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Region \_\_\_\_\_

Chapter President/Auxiliary President/Youth Advisor \_\_\_\_\_

Chapter/Auxiliary/Youth Z-HOPE Coordinator \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

**Community Partner or non-member donation (if applicable)**

Individual/Community Partner Name \_\_\_\_\_

Donation was made in the name of (Chapter/Zeta Auxiliary/Youth \_\_\_\_\_

**Additional Program Information:**

- 1) Complete reporting forms and retain a copy for your chapter/Zeta auxiliary records.
- 2) Non Zeta Phi Beta Sorority members should submit a copy of the reporting form to the chapter/Zeta auxiliary if a donation is made in the name of a chapter/Zeta auxiliary, if applicable.
- 3) Please send your reports to Dr. Rachel Thomas at rachel1.young@yahoo.com.