



2018 Chi ETA Phi Sorority, Incorporated Chapter Service Report

Complete the form entirely within 14 days of the program/project or event. Print a completed copy of the form and retain in Chapter files.

*** 1. Chapter Name:**

*** 2. Region:**

MiddleWest

NorthEast

SouthWest

MiddleSouth

SouthEast

3. Name of Program:

4. Program Requested by:

*** 5. Date of Service**

Date

MM/DD/YYYY

*** 6. Location of Event:**

*** 7. Number of Sorors/Fraters Participating**

*** 8. Zip Code of Service Site**

*** 9. Event Service Category**

- | | | |
|---|---|---|
| <input type="radio"/> Disease Prevention and Health Promotion | <input type="radio"/> Leadership Development | <input type="radio"/> Programs for Boys and Girls |
| <input type="radio"/> Education | <input type="radio"/> Recruitment and Retention | <input type="radio"/> Research and Development |
| <input type="radio"/> Scholarships | <input type="radio"/> Programs for the Elderly | <input type="radio"/> Community Outreach |

Other (please specify)

10. If you answered Disease Prevention and Health Promotion in the above question, what National Program ?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Eye Health | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> SIDS |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Lupus | <input type="checkbox"/> Stroke |

11. Was the event:

(Choose all that apply)

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> Screening | <input type="checkbox"/> Education | <input type="checkbox"/> Program |
| <input type="checkbox"/> Other (please specify) | | |

12. Please briefly describe Education/Screening topic, if not listed above

*** 13. Participants age range:**

(Choose all that apply)

- <13 22-30 51-65
 14-21 31-50 >66

*** 14. Level Of Involvement:**

(Choose all that apply)

- Level I: Screening and distribution of literature to participants Level IV: Co-Sponsored a workshop
 Level II: Discussion and/or dialogue with participants Level V: Sponsored a Forum, Symposium or Workshop
 Level III: Panel discussion using one of the National Programs

*** 15. Population Served:**

Select all that apply.

- Lay Population African American Caucasian
 Other (please specify)

*** 16. What is population education level? Select all that apply.**

- Middle School College
 High School Graduate

*** 17. Number of Participants reached:**

*** 18. Number of participants referred:**

*** 19. Referrals made to:**

*** 20. Number of Participants follow-up**

*** 21. Follow-up made to:**

*** 22. Email Address:**

*** 23. Antibasileus (Programs and Projects Chairperson):**