



# REPORT YOUR WORK BELOW

Name: \_\_\_\_\_ UAW Local/Region: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



## Tell Us How You Supported New Member Organizing:

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_



## Tell Us How You Supported Workers Fighting for Justice:

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_



## Tell Us Who You Signed Up for Gimme Five:

Name: \_\_\_\_\_ UAW Local/Region: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ UAW Local/Region: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ UAW Local/Region: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ UAW Local/Region: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ UAW Local/Region: \_\_\_\_\_ Phone: \_\_\_\_\_



## Tell Us Where You Volunteered with CAP:

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_