

### Star 2 Form - Compass in the Community

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| Unit, Department and/or Be-A-Star Team Name |  | Manager or Site Contact Name | | |  | Manager or Site Contact Phone | | |  | Manager or Site Contact Email Address | | | |
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| Sector & Region | | |  | District Manager | | |  | Manager or Contact Mailing Address | | | | |
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Save completed form and upload to Star Claims page of the Be-A-Star website: beastar.compass-usa.com.

NOTE: See the Awards section to submit an entry for the CITC North America Awards.

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| What organization(s) and/or community activity did your outreach initiative support (example: American Cancer Society, Diabetes Walk, etc.)? Who or what are the benefactors (students, homeless shelter, hurricane survivors, etc.)? | |
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| In what ways was support provided with this project(s) (financial, in-kind, or volunteering)? | |
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| Was there collaborate with other Compass Group accounts, client(s), customers, vendors, or any non-Compass groups? If yes, which ones? | |
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| Please provide measurements for the following, where applicable: | | |
|  | Total number of associates in Unit, Department and/or Be-A-Star Team | |
|  | Total number of associates involved in each outreach activity | |
|  | Number of non-associates participating in each activity on behalf of Compass Group (family, friends, etc.) | |
|  | Total number of man-hours/time donated by Compass Group associates to activity | |
|  | Total financial contribution by Compass Group associates or account | |