

Reporting May 1, 2017-April 30, 2018

Veterans of Foreign Wars

Department of Indiana

Community Service Report Form

Post #: _____

District: _____

Report every month as soon as project is completed

Reporting period for this report From: _____ To _____

{Report only one month or a 30 day period}

Circle each item; give a short description and record hours, money, mileage, number of projects, number of people for each group e.g. Post or Auxiliary.

Community Involvement: Blood Drive, CPR Class, Recycling, Neighborhood Cleanup, Highway Cleanup, and other projects.

	Post		Aux ·	Total
		Hours		
		Money		
		Miles.		
		Projects		
		People		

Cooperation with Others: March of Dimes, Muscular Dystrophy or other Cooperative Projects, United Way, American Legion.

	Post		Aux ·	Total
		Hours		
		Money		
		Miles.		
		Projects		
		People		

Aid to Others: Hospital or Nursing Home volunteers, Senior Citizens, Individuals Special Needs, Personal or Family Tragedy or Illness, Aid to Others In Need.

	Post		Aux ·	Total
		Hours		
		Money		
		Miles.		
		Projects		
		People		

School or Church Assistance: Volunteer in School, Speaker of Program in School or Church, Other School or Church Assistance Project, Projects not listed above.

	Post		Aux ·	Total
		Hours		
		Money		
		Miles.		
		Projects		
		People		

Safety: Pedestrian, Drug, Recreational, Highway, Home, Fire Safety, Public Recognition, Other Safety

	Post		Aux ·	Total
		Hours		
		Money		
		Miles.		
		Projects		
		People		

· Citizenship Education: Flag Presentation, Color Guard, voter Registration, Patriotic Program in School, Veterans Day, Memorial Day, Loyalty Day, or any other Program.

	Post		Aux ·	Total
		Hours		
		Money		
		Miles.		
		Projects		
		People		

Youth Activities: Sports and Athletics, Boy or Girl Scouts, Junior Girls, Special Events.

	Post		Aux ·	Total
		Hours		
		Money		
		Miles.		
		Projects		
		People		

This Year(May 1st — April 30th), Circle Yes or No and Date when it occurred:

Date:

- | | | | |
|---|-----|----|-------|
| (L) Did your Post have a Loyalty Day Program? | Yes | No | _____ |
| (V) Did your Post Submit a Voice of Democracy entry to the District? | Yes | No | _____ |
| (P) Did your Post submit it a Patriots Pen entry to District? | Yes | No | _____ |
| (T) Did your Post submit a Teacher of the Year entry to the District? | Yes | No | _____ |
| (BP) Did your Post purchase Buddy Poppies? | Yes | No | _____ |
| (NMS) Did your Post make a donation to National Military Services? | Yes | No | _____ |

Total Post Hour		Total Post Money Donated
Total Auxiliary Hours		Total Auxiliary Money Donated
Total Hour		Total Money Donated
Total Post Projects		Total Post Miles
Total Auxiliary Projects		Total Auxiliary Miles
Total Projects		Total Miles
Total People		
Dollar value of this reports activities (donated + mileage) =		

Please mail or e-mail completed forms to:

Becky Murphy,
P O Box 135
Spiceland IN 47385
Alexbs715@gmail.com
phone# 765-561-4754

Report Filled out by:

Name:
Title:
Signature:
Phone:
Email: