

LADIES AUXILIARY TO VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF VIRGINIA

COMMUNITY SERVICE PROGRAM REPORT
REPORTING YEAR MAY 1, 2008 TO APRIL 30, 2009

POST/AUXILIARY NUMBER: _____ DISTRICT NUMBER _____

DATE OF REPORT: _____

COMMUNITY SERVICE PROJECT/COOPERATION WITH OTHER ORGANIZATION. Please explain in detail including the date of the event in the space provided. You may use a 2nd page if needed. Or submit on a separate page. Please include any publicity: Newspaper, Magazine, Posters, Flyers, TV, Radio. If available include pictures of the event.

How Many Volunteers? _____ Total Hours: _____ Miles: _____ Cost: \$ _____

DISASTER PREPAREDNESS: Please explain in detail including the date of the event in the space provided. You may use a 2nd page if needed. Or submit on a separate page. Please include any publicity: Newspaper, Magazine, Posters, Flyers, TV, Radio. If available include pictures of the event.

How Many Volunteers? _____ Total Hours: _____ Miles: _____ Cost: \$ _____

OTHER ACTIVITIES: Aid to Others, Americanism, Youth Activities, Church and School Assistance, Safety etc.: Please explain in detail including the date of the event in the space provided. You may use a 2nd page if needed. Or submit on a separate page. . Please include any publicity: Newspaper, Magazine, Posters, Flyers, TV, Radio. If available include pictures of the event.

How Many Volunteers? _____ Total Hours: _____ Miles: _____ Cost: \$ _____

SUMMARY:

Total number of completed projects on the report: _____

Total Number of members actively involved in completing projects: _____

Total number of hours members donated to complete projects: _____

Total number of miles driven to complete projects: _____

Total number of monies used to complete projects on this report.

Include mileage @ \$0.14 per mile \$ _____

Prepared by: _____

Title: _____

Date of Report: _____

Telephone: _____

Post/Auxiliary Number: _____

District: _____

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