

AMVETS LADIES AUXILIARY LOCAL YOUTH VOLUNTEER SERVICE REPORT FORM

Individual reports shall be made for the following programs: Hospital, Child Welfare, Community Service, Americanism/SOS and Scholarship.

Local Auxiliary Reporting: _____ **Report for:** _____
Reporting Period: _____ **to** _____

Auxiliary

list Volunteers:

(List additional volunteers on the back)

Number of Volunteers _____

1. _____

Hours Donated _____

2. _____

Number of Miles _____

3. _____

EVALUATIONS:

4. _____

Hours @ \$30.00 per hour _____

5. _____

Mileage @ \$.65 per mile _____

6. _____

“Cents Off” Coupons _____

7. _____

\$10 per 100 + 1 hour per 100

8. _____

Refreshments _____

9. _____

Cash Donations _____

10. _____

New Materials _____

11. _____

Used Materials _____

12. _____

Lodging _____

TOTAL EVALUATIONS: _____

Chairman Signature: _____

Date: _____

Address: _____

Phone: _____

City/State/Zip: _____

Email: _____