



**Department of Massachusetts
Veterans of Foreign Wars of the United States
and its Auxiliary**



POST _____ / DISTRICT _____

Reporting Periods: (May 1 - October 31) or (November 1 - April 30) - PLEASE circle one.

| Total Members | Total Hours | Total Miles | Total Cost | Completed Date | Brief Description / Bullet Comments |
|---------------|-------------|-------------|------------|----------------|-------------------------------------|
|---------------|-------------|-------------|------------|----------------|-------------------------------------|

| | | | | | |
|----------------------------|--|--|--|--|--|
| AMERICANISM | | | | | |
| | | | | | |
| | | | | | |
| BUDDY POPPY | | | | | |
| | | | | | |
| | | | | | |
| COMMUNITY SERVICE | | | | | |
| | | | | | |
| | | | | | |
| DRUG & SAFETY | | | | | |
| | | | | | |
| | | | | | |
| FIRE / POLICE / EMT | | | | | |
| | | | | | |
| | | | | | |
| HOSPITAL | | | | | |
| | | | | | |
| | | | | | |
| SUB-TOTALS | | | | | |

| | Total Members | Total Hours | Total Miles | Total Cost | Completed Date | Brief Description / Bullet Comments |
|---------------------|---------------|-------------|-------------|------------|----------------|-------------------------------------|
| LEGISLATIVE | | | | | | |
| MILITARY ACTIVITIES | | | | | | |
| PATRIOTS PEN | | | | | | |
| TEACHER AWARD | | | | | | |
| VOICE OF DEMOCRACY | | | | | | |
| YOUTH ACTIVITIES | | | | | | |
| OTHER | | | | | | |
| TOTALS | | | | | | |

* Please use additional sheets if you need to report additional events/activities.

Printed Name & Title of Post Officer/Chairperson: _____

Date: _____

Please email or mail completed forms to:

DAVE JOSSELYN
 VFW Dept. of MA
 Community Service & Activities
 State House, Room 546-1
 24 Beacon Street
 Boston, MA 02133

JOSSEL13@YAHOO.COM