

**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 _____

List Youth Volunteers:

List Additional Volunteers on the Back.

Number of Volunteers _____ 1. _____

Hours Donated _____ 2. _____

Number of Miles _____ 3. _____

Number of Projects _____ 4. _____

EVALUATIONS: _____ 5. _____

Hours @ \$20.00 per hour _____ 6. _____

Mileage @ \$.50 per mile _____ 7. _____

Refreshments _____ 8. _____

Cash Donations _____ 9. _____

New Material _____ 10. _____

Used Material _____ 11. _____

Lodging _____ 12. _____

TOTAL EVALUATIONS: _____

List projects and activities in detail. (use the back or additional sheets if necessary)

Chairman Signature: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone/E-mail: _____