

**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: _____