



**AMVETS National Ladies Auxiliary  
Department Service Report Form  
(Totals should only reflect Department Auxiliary Totals)**

Report: **(check one)** Mid-Year  Annual

Department: \_\_\_\_\_ Number of Auxiliaries: \_\_\_\_\_ Number Reporting: \_\_\_\_\_

**Reports for (check one): Use a separate sheet to report Youth Volunteers**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hospital      | <input type="checkbox"/> Americanism (includes S.O.S) | <input type="checkbox"/> Youth Volunteers |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Community Service            | <input type="checkbox"/> Scholarship      |

Number of Projects: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Total Evaluation: \$ \_\_\_\_\_

**Synopsis of Projects: Use the back if necessary**

Department Chairman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NEC Woman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NEC's Address: \_\_\_\_\_

NEC's Phone Number:                Email: \_\_\_\_\_