

**DEPARTMENT OF LOUISIANA
VETERANS OF FOREIGN WARS AND ITS VFW AUXILIARY
Community Service Program Reporting Form**

POST/AUXILIARY NO. _____ DISTRICT NO. _____ REPORT NO. _____
REPORTING PERIOD.... FROM: _____ TO: _____

INSTRUCTIONS FOR COMPLETION AND FILING CAN BE FOUND IN THE CURRENT COMMANDER'S GUIDE.

**MAKE COPIES OF THE COMPLETED FORM AND MAIL OR EMAIL A COPY TO THE APPLICABLE STATE
CHAIRMAN LISTED IN THE COMMANDER'S GUIDE**

A. COMMUNITY INVOLVEMENT

_____ Organized and assisted in BLOOD DRIVE _____ Organized CPR Class
_____ Recycling Program (Describe) _____
_____ Neighborhood/Highway Beautification (Describe) _____
_____ Other Community Involvement Projects (Describe) _____
_____ VFW Military Assistance Program (Describe) _____
_____ MAP ADOPT-A-UNIT (Describe) _____

TOTALS: Projects: _____ Workers: _____ Hours: _____ Mileage: _____ x.14 _____ Total Monies Spent _____

B. COOPERATION WITH OTHER ORGANIZATIONS

_____ Organized/Assisted in Donation Fund Drives (Describe) _____
_____ Other Cooperation Projects (Describe) _____

TOTALS: Projects: _____ Workers: _____ Hours: _____ Mileage: _____ x.14 _____ Total Monies Spent _____

C. AID TO OTHERS

_____ Community Hospital/Nursing Volunteers
_____ Senior Citizens (Describe) _____
_____ Special Needs Individuals (Describe) _____
_____ Veterans Home Program/Volunteers (Describe) _____
_____ VA Medical Center (Describe) _____
_____ Homeless Veterans (Describe) _____
_____ Personal or Family Tragedy/Illness (Describe) _____
_____ Service to Veterans (Describe) _____
_____ Other Aid/Projects (Describe) _____

TOTALS: Projects: _____ Workers: _____ Hours: _____ Mileage: _____ x.14 _____ Total Monies Spent _____

D. SCHOOL AND CHURCH ASSISTANCE

_____ Volunteering in Local Schools (Describe) _____

_____ Speaker Programs Church/School (Describe) _____

_____ Teacher Recognition (Describe) _____

_____ Other Church/School Projects (Describe) _____

TOTALS: Projects: _____ Workers: _____ Hours: _____ Mileage: _____ x.14 _____ Total Monies Spent _____

E. SAFETY PROGRAMS (Any type is encouraged)

_____ Pedestrian Safety (Describe) _____

_____ Drug Awareness (Describe) _____

_____ Recreational Safety (Describe) _____

_____ Highway Safety (Describe) _____

_____ Home/Fire Safety (Describe) _____

_____ Recognition of Outstanding Others (Describe): _____

Fireman _____

EMT _____

Law Officer _____

_____ Disaster/Emergency Relief (Describe) _____

TOTALS: Projects: _____ Workers: _____ Hours: _____ Mileage: _____ x.14 _____ Total Monies Spent _____

F. AMERICANISM

_____ Flag Presentation/ Flag Raising

_____ Color/Honor Guard

_____ Distributed Patriotic Literature

_____ Participated in Patriotic Assembly

_____ Conducted Get Out The Vote Program

_____ Conducted Flag Education in Schools

_____ Participated in Community Parades/Ceremonies

_____ Veterans Day Program

_____ Pearl Harbor Program

_____ Memorial Day Program

_____ POW-MIA Program (Describe) _____

_____ Other Americanism Project (Describe) _____

STATE AMERICANISM CONTEST:

Category 1 No. of Schools Participated _____ No. of Students _____ Monies Spent _____

Category 2 No. of Schools Participated _____ No. of Students _____ Monies Spent _____

Category 3 No. of Schools Participated _____ No. of Students _____ Monies Spent _____

Category 4 No. of Schools Participated _____ No. of Students _____ Monies Spent _____

TOTALS: Projects: _____ Workers: _____ Hours: _____ Mileage: _____ x.14 _____ Total Monies Spent _____

G. YOUTH ACTIVITIES

_____ **Youth Essay:** No. of Schools Participated _____ No. of Students _____ Monies Spent _____

_____ **VOD Contest:** No. of Schools Participated _____ No. of Students _____ Monies Spent _____

_____ Sports/Athletics (Describe) _____

_____ Scouting Organizations (Describe) _____

_____ Contests/Special Events (Describe) _____

_____ Education/Instruction (Describe) _____

_____ Recognition (Describe) _____

_____ Projects/Other (Describe) _____

TOTALS: Projects: _____ Workers: _____ Hours: _____ Mileage: _____ x.14 _____ Total Monies Spent _____

GRAND TOTALS FOR THIS REPORT

_____ **Total Projects** _____ **Total Workers** _____ **Total Hours** _____ **Total Monies** _____

Prepared by: _____ **All reports must be turned into STATE COMMUNITY SERVICE CHAIRMAN by the 10TH of each month for special awards. Reports may be mailed or emailed. National requires the Chairman receive all Community Service Reports by OCTOBER 1st and APRIL 1st of program year to meet National's reporting requirement**