

**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:

Number of Volunteers _____

List Additional Volunteers on the Back _____

Hours Donated _____

Number of Miles _____

Number of Projects _____

EVALUATIONS:

Hours @ \$20.00 per hour _____

Mileage @ \$.50 per mile _____

Refreshments _____

Cash Donations _____

New Material _____

Used Material _____

Lodging _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

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: _____