

**DEPARTMENT OF LOUISIANA
VETERANS OF FOREIGN WARS AND ITS LADIES 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**