



VETERANS OF FOREIGN WARS and its LADIES AUXILIARY
COMMUNITY SERVICE REPORT FORM
DEPARTMENT OF COLORADO
 (Reporting year - May 1 to April 30)
2010 - 2011



Post/Aux. No: _____ City _____ District No: _____ Reporting dates: From _____ to _____

Hrs Cash Projects Miles

	Hrs	Cash	Projects	Miles
VETERANS & FAMILY SUPPORT				
Military Assistance Program _____				
Assistance to Veterans & Families _____				
Programs to help Homeless Veterans _____				
Assistance to Senior Citizens _____				
Describe Promotion of Veterans & Family Support _____				
Other _____				
VFW NATIONAL HOME FOR CHILDREN				
Programs / materials / promotion _____				
Number of Campbell labels _____				
Other _____				
BUDDY POPPY				
Number of Buddy Poppies used or given _____				
Describe Promotion of Buddy Poppies _____				
CANCER AID & RESEARCH				
Education on the Cancer Grant Program _____				
Cancer Aid & Research Publicity _____				
Other _____				
COMMUNITY SERVICE				
Make a Difference Day _____				
How did you Publicize Make a Difference Day _____				
Describe Veterans History Program _____				
WWII _____ Cold War _____ Korea _____				
Vietnam _____ Persian Gulf _____ Afghanistan/Iraq _____				
Other _____				
AMERICANISM/CITIZENSHIP EDUCATION				
Number of flags donated at least 2 inch x 3 inch in size or larger _____				
Number of POW-MIA flags presented _____ Number of POW-MIA programs presented _____				
Number of educational patriotic programs presented to schools, youth groups, etc. _____				
Describe _____				
Number of Certificates presented to Businesses _____				
Citizenship Education Teacher entries to Department _____				
Other Americanism programs, Loyalty Day, Parades, etc., presented or participated in: _____				
Describe Promotion of Americanism/Citizenship Education _____				

	Hrs	Cash	Projects	Miles
VOICE OF DEMOCRACY Number of entries _____ Awards _____				
PATRIOT'S PEN Number of entries _____ Awards _____				
How did you Publicize _____				
Recognize ALL who participated _____				
YOUTH ACTIVITIES				
Youth Safety, Just Say No _____ Number of entries _____				
Outstanding Young Volunteer _____				
Young American Creative Patriotic Art _____				
Boy Scout Programs / Awards _____ Number of participants _____				
Girl Scout Programs / Awards _____ Number of participants _____				
ROTC Programs / Awards _____ Number of participants _____				
Other _____				
JR. GIRLS				
Do you have a Jr. Girls Unit? _____ Buddy Poppies donated to Jr. Girls Unit _____				
Cash Donations to Jr. Girls Unit (thru State Treasurer) _____				
Donation to Jr. Girls Scholarship Fund _____				
LEGISLATIVE				
Number of calls _____ #letters _____ #e-mail _____ #visits _____ #faxes _____				
Congressional meetings, programs held to promote, # in attendance _____				
Did your Aux./Post educate on the Legislative Process _____				
Describe Priority Goals Promotion _____				
VFW PAC Amount of Donations _____				
Describe Fundraiser _____				
Describe Promotion/ Publicity of VFW PAC _____				
FISHER HOUSE Fund Raising / Education _____				
Other _____				
HOSPITAL & NURSING HOMES (identify VA Hospitals, Nursing Homes, Local Hospitals, Out Patient Clinics)				
Participation in Hospitalized Veterans writing program _____				
Aid to VA Hospitals/State Veterans Nursing Homes/Local Hospitals & Nursing Homes _____				
Pints of Blood Donations(\$69.00 x No.) _____				
Hospital Visits/Cards/Flowers/ Cards to Veteran _____				
Donation of items or services _____				
Sponsored Non-Member Volunteers _____				
Volunteers Recruited _____				
Other _____				

COMMUNITY SERVICE (exclude VA Hospital)

1. Total Comm. Service hours _____
(Post & Auxiliary)
2. **CASH used** to complete Comm. Service projects\$ _____
(Post & Auxiliary)
3. Comm. Service completed projects _____
(Post & Auxiliary)
4. Comm. Service miles @ \$ 0.14 a mile donated\$ _____
(Post & Auxiliary)

*****VA HOSPITAL & NURSING HOMES*****

5. Total Hospital hours _____
(Post & Auxiliary)
6. **CASH used** to complete Hospital projects\$ _____
(Post & Auxiliary)
7. Hospital completed projects _____
(Post & Auxiliary)
8. Hospital miles @ \$0.14 a mile donated\$ _____
(Post & Auxiliary)

Mail to: Dept. Headquarters
1400 Carr Street
Lakewood, CO 80214

PREPARED BY: _____
POST/AUX. NO. _____ DIST. NO. _____