



**DEPT. OF NEW YORK  
VFW Community Service Program  
Post/Auxiliary Report Form**

**Dear Post Commander/Auxiliary President:**

Please give a brief description of the applicable community Service Projects that you have Completed for the reporting period of May 1 – October 31 and November 1 – April 30. Use separate sheet if necessary. Do not combine reports.

**COMMUNITY INVOLVEMENT:** (i.e. - blood drive, CPR course, recycling, etc.)

**COOPERATION WITH OTHER ORGANIZATIONS:**(i.e. - assist with fund drives for March of Dimes, US Savings Bond Promotion, etc.)

**AID TO OTHERS:**(Hospital/Nursing Home Volunteers, Senior Citizens, Personal tragedy/illness, etc.)

**SCHOOL & CHURCH ASSISTANCE:**(volunteer in school, speaker programs, etc.)

**SAFETY, AMERICANISM AND/OR YOUTH PROJECTS:**

Post/Auxiliary No.	Total amount of monies expended to complete activities	Total number of volunteer hours	Total number of volunteers

**RETURN WHITE AND YELLOW PAGES TO:  
VFW DEPARTMENT HQ. , 1044 BROADWAY, ALBANY, N Y 12204**

**COMPLETED BY:** \_\_\_\_\_

<b>PLEASE INDICATE THE TIME PERIOD THIS REPORT IS FOR.</b>	
<input type="checkbox"/>	MAY 1 TO OCT 31 - DUE NOV 15
<input type="checkbox"/>	NOV 1 TO APRIL 30 - DUE MAY 15