



**DEPT. of New York
VFW Community Services 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 periods of May to October and November to April.

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, Sr. Citizens, Personal tragedy/illness, etc.)*

SCHOOL & CHURCH ASSISTANCE: *(Volunteer in school, churches, 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
	.	.	.

Send a copy via e-mail to the Department of New York State Adjutant

Completed by: _____

. PLEASE INDICATE THE TIME PERIOD THIS REPORT IS FOR	
<input type="checkbox"/>	May to Oct ...Due Nov
<input type="checkbox"/>	Nov to April ...Due May

SEND

* Community Activity Reports submission dates are in the State Commander's Membership Book under Post Requirements for All State.