



**AMVETS LADIES AUXILIARY
LOCAL SERVICE REPORT FORM**

Individual reports shall be made for the following programs:

- Americanism/SOS
 - Child Welfare
 - Community Service
 - Hospital
 - Scholarship
- (please indicate which program)

Local Auxiliary Reporting:

Reporting Period

to

Auxiliary

List Volunteers:

(List Additional Volunteers on the back)

Number of Volunteers

1.

Hours Donated

2.

Number of Miles

3.

Number of Projects

4.

EVALUATIONS:

5.

Hours @ \$20.00 per hour

6.

Mileage @ \$.50 per mile

7.

Refreshments

8.

Cash Donations

9.

New Material

10.

Used Material

11.

Lodging

12.

TOTAL EVALUATIONS: _____

List projects and activities in detail. (Use the back or additional sheets if necessary)

Chairman Signature:

Date:

Address:

City/State:

Phone/E-mail:

Revised SEPTEMBER 2013



**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 – please indicate which program.

Local Auxiliary Reporting:

Reporting Period _____ to _____

Auxiliary _____

List Youth Volunteers:

List Additional Volunteers on the Back.

- Number of Volunteers 1.
- Hours Donated 2.
- Number of Miles 3.
- Number of Projects 4.
- EVALUATIONS:** 5.
- Hours @ \$20.00 per hour 6.
- Mileage @ \$.50 per mile 7.
- Refreshments 8.
- Cash Donations 9.
- New Material 10.
- Used Material 11.
- Lodging 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 _____ Email _____



**AMVETS National Ladies Auxiliary
Department Service Report Form
(Totals should only reflect Department Auxiliary Totals)**

Report: (check one) Mid-Year Annual

Department: _____ Number of Auxiliaries: _____ Number Reporting: _____

Reports for (check one): Use a separate sheet to report Youth Volunteers

- | | | |
|--|---|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Americanism (includes S.O.S) | <input type="checkbox"/> Youth Volunteers |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Community Service | <input type="checkbox"/> Scholarship |

Number of Projects: _____ Number of Hours: _____

Number of Volunteers: _____ Total Evaluation: \$ _____

Synopsis of Projects: Use the back if necessary

Department Chairman's Signature: _____ Date: _____

NEC Woman's Signature: _____ Date: _____

NEC's Address: _____

NEC's Phone Number: _____ Email: _____