

**FLEET RESERVE ASSOCIATION
HW&R COMMITTEE REPORT**

Negative
Report

Region: _____ Branch Number: _____ Name: _____ Group: _____

IF NO ACTIVITY, A NEGATIVE REPORT IS REQUIRED.

REPORT TO BE SIGNED BY BRANCH CHAIRMAN AND BRANCH PRESIDENT OF THE REPORTING YEAR

MBR ID BRANCH CHAIRMAN 20__ - 20__ MBR ID BRANCH PRESIDENT 20__ - 20__

The following report is submitted for the year: 1 July _____ to 30 June _____.

Total Branch members in Good Standing as reported in the 31 March Membership Report: _____

1. Hours and mileage spent in performing the below activities:
 - (a) Visiting/assisting ill or incapacitated members: hours _____/miles _____
 - (b) Assistance to needy families of Shipmates: hours _____/miles _____
2. Hours of volunteer work performed at hospitals by Shipmates:

Name _____	Hours _____
Name _____	Hours _____
Name _____	Hours _____
3. Widows assisted: Number _____ Hours _____
4. Number of Shipmates who donated blood: _____ Number of pints donated: _____
5. Rituals:
 - (a) Number of Rituals: _____ (See Rituals Manual)
 - (b) Number of Shipmates attending Rituals: _____
6. Number of books or magazines donated to hospitals: _____
7. Financial contributions by Branch and Shipmates to FRA Disaster Relief:
 - (a) Branch: \$ _____
 - (b) Shipmate: \$ _____
 - (c) List any other activities on attachment. (Donations of clothing, household effects, miscellaneous items, etc

Name of Shipmate nominated as Shipmate of the Year, or deserving of special recognition:

Name: _____

NOTE: IN NOMINATING A SHIPMATE AS "SHIPMATE OF THE YEAR" OR DESERVING OF SPECIAL RECOGNITION, THIS REPORT MUST BE ACCOMPANIED BY A SEPARATE SHEET(S) OF PAPER, GIVING, A DETAILED REPORT OF THIS SHIPMATE'S ACTIVITIES.

(SEE ATTACHED SOY FORM)

Branch Chairman: Submit report to Regional Chairman.

Regional Chairman: Submit Report to National Chairman immediately following Regional Convention.

IF ADDITIONAL INFORMATION IS REQUIRED, CONTACT REGIONAL COMMITTEE
CHAIRMAN

Distribution: (1) Regional Chairman
(2) Regional President
(3) Branch Files

THIS FORM MAY BE REPRODUCED LOCALLY FOR BRANCH AND/OR REGIONAL USE
Regional/Branch Chairmen may want to add items for their own purposes

