**DEPARTMENT OF PENNSYLVANIA VETERANS OF FOREIGN WARS PROGRAMS REPORT FORM**

**POST/AUX. DISTRICT**

**COMMUNITY SERVICE REPORT**

***ENTER REPORTING PERIOD HERE***

**IMPORTANT INSTRUCTIONS:**

**A. COMMUNITY INVOLVEMENT:**

1.

2.

3.

4.

5.

ORGANIZED AND ASSISTED IN A BLOOD DRIVE RECYCLING PROGRAM

ADOPT A HIGHWAY ORGANIZED CPR CLASS

OTHER COMMUNITY INVOLVEMENT PROJECTS

HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT

MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT

**B. COOPERATION WITH OTHER ORGANIZATIONS**:

1.

ASSISTED OTHER ORGANIZATIONS IN THE COMMUNITY

ASSISTANCE TO VA OR HOSPITAL OTHER COOPERATION WITH OTHER ORGANIZATIONS PROJECTS

HOURS SPENT HOURS SPENT

MONEY SPENT MONEY SPENT

2.

3.

HOURS SPENT

MONEY SPENT

**C. AID TO OTHERS:**

1.

COMMUNITY HOSPITAL/NURSING HOME

HOURS SPENT HOURS SPENT HOURS SPENT

HOURS SPENT

MONEY SPENT MONEY SPENT MONEY SPENT

MONEY SPENT

VOLUNTEERS SENIOR CITIZENS

SPECIAL NEEDS INDIVIDUALS OTHER AID TO OTHERS PROJECTS

2.

3.

4.

**D. SCHOOL AND CHURCH ASSISTANCE**:

1.

2.

3.

4.

VOLUNTEER IN SCHOOL/CHURCH SPEAKER IN SCHOOL/CHURCH ASSISTANCE TO SCHOOL/CHURCH

OTHER SCHOOL/CHURCH ASSISTANCE PROJECTS

HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT

MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT

**TOTAL OF HOURS/MONEY FOR SECTIONS A/B/C/D**

**HOURS**

0

**MONEY**

0

***ANY COMMENTS OR ADDITIONAL EXPLANATIONS SHOULD BE ATTACHED TO THIS FORM AND MAILED TO THE VFW STATE COMMUNITY SERVICE CHAIRMAN OR THE VFW AUXILIARY COMMUNITY SERVICE CHAIRMAN AT THE ADDRESS PROVIDED ON THE REVERSE SIDE OF THIS FORM.***

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1. AFTER OPENING THE FORM, SAVE A COPY TO YOUR COMPUTER.
2. COMPLETE THE INFORMATION BY FILLING OUT ALL APPLICABLE AREAS.

*NOTE*: NOT ALL SECTIONS NEED TO BE FILLED OUT.

1. BEFORE CLOSING THE FORM – SAVE THE DOCUMENT AGAIN! NOW YOU WILL HAVE A COMPLETED FORM ON YOUR COMPUTER.
2. NOW YOU CAN EITHER PRINT AND MAIL THE COMPLETED FORM OR SEND IT VIA EMAIL TO YOUR CORRESPONDING CHAIRPERSON.

***NOTE: IT IS RECOMMENDED THAT YOU SAVE A BLANK VERSION OF THE FORM AND THEN CREATE A NEW FILE FOR EACH SUBSEQUENT FORM YOU COMPLETE. EACH FILE SHOULD BE RENAMED SO THAT YOU KEEP COPIES OF ALL COMPLETED FORMS.***

**AMERICANISM PROJECTS COMPLETED**:

1.

2.

3.

4.

5.

6.

7.

8.

HONOR GUARD COLOR GUARD

CONDUCTED A GET OUT THE VOTE PROGRAM VETERANS DAY PROGRAM

PEARL HARBOR DAY PROGRAM LOYALTY DAY PROGRAM MEMORIAL DAY PROGRAM

VFW PROGRAMS (ARTHRITIS/BUDDY POPPY/ DIABETES/NATIONAL HOME/ETC.)

HELPING VETERANS

OTHER AMERICANISM PROJECTS

HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT

MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT

HOURS SPENT HOURS SPENT HOURS SPENT

MONEY SPENT MONEY SPENT MONEY SPENT

9.

10.

**TOTAL HOURS/MONEY FOR AMERICANISM PROJECTS**

**HOURS**

**MONEY**

0

0

**NATIONAL SAFETY PROJECTS COMPLETED**:

1.

2.

3.

4.

5.

6.

DRUG AWARENESS RECREATIONAL SAFETY HIGHWAY SAFETY HOME/FIRE SAFETY ASSISTING POLICE/FIRE DEPT. OTHER SAFETY PROJECTS

HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT

MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT

**TOTAL HOURS/MONEY FOR SAFETY PROJECTS**

**HOURS**

0

**MONEY**

0

**YOUTH ACTIVITY PROJECTS COMPLETED**:

1.

2.

3.

4.

5.

SPORTS/ATHLETICS SCOUTING

V.O.D. ESSAY CONTEST PATRIOT’S PEN ESSAY CONTEST OTHER YOUTH PROJECTS

HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT HOURS SPENT

MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT MONEY SPENT

**TOTAL HOURS/SPENT FOR YOUTH PROJECTS**

**HOURS**

0

**MONEY**

0

**PREPARED BY:**

**DATE**

**TITLE:**

**DISTRICT # POST/AUXILIARY #**

**Mail to**

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***MAIL THIS FORM DIRECTLY TO THE VFW STATE COMMUNITY SERVICE CHAIRMAN OR VFW AUXILIARY CHAIRMAN -­‐-­‐ DO NOT MAIL TO DEPARTMENT HEADQUARTERS***

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**COMMENTS AND/OR ADDITIONAL EXPLANATIONS:**

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