

**American Legion Auxiliary**  
 Department of California  
 Community Service EOY District Report Form 2017-2018

District Chairman: \_\_\_\_\_ District # \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of Units in District \_\_\_\_\_ Number of Units reporting \_\_\_\_\_  
**\*National Emphasis\***

No. of Units participating in any National Auxiliary recognized Days of Service \_\_\_\_\_

Homeless Veteran activity \_\_\_\_\_ Job/ Career Fair \_\_\_\_\_

No. of volunteers who developed, implemented & monitored community events that aided veterans or active duty service members and families \_\_\_\_\_ # of Hours \_\_\_\_\_

No. of veterans/military/family members served promoting Homelessness Prevention? \_\_\_\_\_

What activities were used to promote Homelessness Prevention?

Cost to the Units \$ \_\_\_\_\_ Value of in-kind donations, \$ \_\_\_\_\_

**"Department Emphasis"** \_\_\_\_\_

How many Units donated to the California Disaster Fund? \_\_\_\_\_ Total \$ \_\_\_\_\_

Did your District make a donation to the California Disaster Fund? \_\_\_\_\_ Amount \$ \_\_\_\_\_

How many Units nominated a Volunteer of the year? Senior member \_\_\_\_\_ Junior member \_\_\_\_\_

(Applications are available on the Dept. website) **Submit winning entry to Dept. Chairman by May 1, 2017.**

**\*Individualized Projects\***

<u>Activities</u>	<u># of volunteers</u>	<u>Money donated</u>	<u>Value of donations</u>	<u>Hours</u>
Food banks	_____	_____	_____	_____
Senior centers	_____	_____	_____	_____
Homeless shelters	_____	_____	_____	_____
Medical Clinics	_____	_____	_____	_____
Women's programs	_____	_____	_____	_____
Blood donations	_____	_____	_____	_____
Nursing homes	_____	_____	_____	_____
Libraries or Museums	_____	_____	_____	_____
Recycling	_____	_____	_____	_____
Beautification	_____	_____	_____	_____
Cancer Awareness	_____	_____	_____	_____

Submit EOY REPORT TO DEPARTMENT CHAIRMAN NO LATER THAN May 1 2017

Tracy Varnell call 805-233-4354

COMMUNITY SERVICE EOY REPORT

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Dept. of California

WALK, RUN & ROLL: YES OR NO

DATE \_\_\_\_\_ HELD: , \_\_\_\_\_ ,

PURPOSE: .. \_\_\_\_\_

FUNDS RAISED AND GIVEN TO WHAT ORGANIZATION: , \_\_\_\_\_ ,