



**American Legion Auxiliary
Department Community Service
Senior Volunteer of the Year Application**

Volunteer Name:	
Unit Name and Number:	
Address of Volunteer:	
ALA Department:	
Project (s) must include one or more of the activities emphasized in the Community Service Plan of Action:	
Number of Volunteer Hours:	
Number of People Assisted:	
Certification by Department President:	
Date:	

Complete this form and attach a narrative of 300-500 words typed or handwritten by the volunteer explaining the project(s) and her involvement.	Mail to: Your divisional chairman. Contact communityservice@ALAforVeterans.org for more information.
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Form must be postmarked by May 15