



**DEPT. of New York
VFW Community Services Program
Post/Auxiliary Report Form**



Dear Post Commander/Auxiliary President:

Please give a brief description of the applicable Community Service Projects that you have completed for the reporting periods of May 1 – October 31 and November 1 – April 30.

Use Separate sheet if necessary. Do not combine reports!

COMMUNITY INVOLVEMENT: *(i.e. – Blood Drive, CPR Course, recycling, etc.)*

COOPERATION WITH OTHER ORGANIZATIONS: *(i.e. – assist with fund drives for March of Dimes, US Savings Bond Promotion, etc.)*

AID TO OTHERS: *(Hospital/Nursing Home Volunteers, Sr. Citizens, Personal tragedy/illness, etc.)*

SCHOOL & CHURCH ASSISTANCE: *(Volunteer in school, churches, speaker programs, etc.)*

SAFETY, AMERICANISM AND/OR YOUTH PROJECTS:

Post/Auxiliary No.	Total amount of monies expended to complete activities	Total number of volunteer hours	Total number of volunteers
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Send a copy via e-mail to the Department of New York State Adjutant

Completed by: _____

.PLEASE INDICATE THE TIME PERIOD THIS REPORT IS FOR	
<input type="checkbox"/>	May 1 to Oct 31...Due Nov 15
<input type="checkbox"/>	Nov 1 to April 30...Due May 15