

**AMVETS National Ladies Auxiliary
Department Service Report Form
(Totals should only reflect Department Auxiliary Totals.)**

Report: **(check one)** Mid-Year

Annual

Department:

Number of Auxiliaries:

Number Reporting:

Reports for (check one): Use a separate sheet to report Youth Volunteers.

_____ Hospital

_____ Americanism (includes S.O.S.)

_____ Youth Volunteers

_____ Child Welfare

_____ Community Service

_____ Scholarship

Be sure to report donations may from your Department also!

Number of Projects: _____

Number of Hours: _____

Number of Volunteers: _____

Total Evaluation: _____

Synopsis of Projects: Use the back if necessary

Department Chairman's Signature: _____ Date: _____

NEC Woman's Signature: _____ Date: _____

NEC's Address: _____

NEC's Phone: _____ E-Mail: _____