

DEPARTMENT OF MINNESOTA, V.F.W PROGRAMS MONTHLY REPORT FORM

(Reporting Year: April 1 – March 31) (Use this form to report each Calendar month's activities.)

District # **Post/Auxiliary #** (One JOINT report per month)

REPORT for the calendar month of: **Year:**

PREPARED Title:
 Phone #: Email:

The following Community Activity Projects have been completed during this Calendar month:

A. AMERICANISM AND COOPERATION WITH OTHER ORGANIZATIONS:

- | | | | | |
|----------|--------------------------|--|--|--|
| 1 | <input type="checkbox"/> | Organized and Assisted in Fund Drives (March of Dimes, Muscular Dystrophy, etc) | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |
| 2 | <input type="checkbox"/> | Flag Presentation or Education | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |
| 3 | <input type="checkbox"/> | Distribution of Literature | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |
| 4 | <input type="checkbox"/> | P.O.W./M.I.A. Program | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |
| 5 | <input type="checkbox"/> | Loyalty, Memorial Day, Pearl Harbor, Veterans Day | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |
| 6 | <input type="checkbox"/> | Other Americanism Projects | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |

| CAT A | Hours | # Members | Amount |
|-------|---|---|---|
| | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> | <input style="width: 50px;" type="text"/> |

B. SAFETY:

- | | | | | |
|----------|--------------------------|---|--|--|
| 7 | <input type="checkbox"/> | Pedestrian Safety | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |
| 8 | <input type="checkbox"/> | Drug Awareness | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |
| 9 | <input type="checkbox"/> | Recreational Safety | | |
| | | Describe <input style="width: 90%; height: 20px;" type="text"/> | | |
| | | Hours <input style="width: 50px;" type="text"/> | # Members: <input style="width: 50px;" type="text"/> | \$ <input style="width: 50px;" type="text"/> |

MONTH YEAR

10 Highway Safety

Describe

Hours # Members: \$

11 Home and Fire Safety

Describe

Hours # Members: \$

12 Other Safety Projects

Describe

Hours # Members: \$

CAT B Hours # Members Amount

C. AID TO OTHERS:

13 Senior Citizens

Describe

Hours # Members: \$

14 Members/Family

Describe

Hours # Members: \$

15 Community Involvement & Recognition

Describe

Hours # Members: \$

16 Other Aid & Other Projects

Describe

Hours # Members: \$

CAT C Hours # Members Amount

D. SCHOOL AND CHURCH ASSISTANCE

17 Volunteerism in School

Describe

Hours # Members: \$

18 Other School or Church Projects

Describe

Hours # Members: \$

CAT D Hours # Members Amount

E. YOUTH

19 Sports Organizations

Describe

Hours # Members: \$

20 Voice of Democracy

Describe

Hours # Members: \$

21 Youth Essay

Describe _____

Hours # Members: \$

22 Other

Describe _____

Hours # Members: \$

| | | | |
|---|---|---|---|
| CAT E | Hours | # Members | Amount |
| | | | |

SUBTOTALS (Categories A, B, C, D and E)

| | | |
|---|---|---|
| Hours | # Members | Amount |
| | | |

THESE FIGURES SHOULD BE ADDED TO CATEGORY F AND PUT ON PAGE (3)

F. HOSPITAL/ BLOOD:

23. *(Report Activities for this month only.)*

| DATE | PROJECTS & DESCRIPTIONS | DONATIONS & SERVICES | PINTS OF BLOOD | TOTAL HOURS | TOTAL MILES | # OF MBRS | # OF PATIENTS VISITED |
|--|-------------------------|----------------------|--|----------------|---|----------------|-----------------------|
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| COLUMN TOTALS: | | | | | | | |
| DOLLAR VALUES: To be added to 25, 26 and 27 below. | | | X \$75 \$ | | X \$.14 \$ | | |
| Add Total above to: | | Line 27 | Line 27 | Line 25 | Line 27 | Line 26 | |

TOTALS FROM CATEGORIES A, B, C, D, E, AND F

THE FOLLOWING MUST BE FILLED OUR OR NO CREDIT WILL BE GIVEN!!!!

| | | |
|-----------|--|---|
| 25 | | Number of hours members donated to complete projects on this |
| 26 | | Total numbers of members actively involved in completing projects |
| 27 | | Total amount of monies used/donated to complete projects on this |

PLEASE RETURN TO: Dewey Hermanson
Community Service
Rice Street Station- PO Box 17146
St Paul, MN 55117

| | |
|--|--|
| <u>MONTHLY REPORT DEADLINE:</u> | This form MUST BE Postmarked by the 20 th day of the following month and into the Department Office no later than the 25 th . |
|--|--|