



AMERICAN LEGION AUXILIARY
Department of Ohio



2010-11 Annual Unit Report – FIELD SERVICE

*Send completed report to Department Field Service Director Patty Miller,
400 May Avenue, Cuyahoga Falls, Ohio 44221, Ph(330) 212-1411 by the May 1, 2011 deadline*

District # ____ Unit # ____ Unit Name _____ Membership Goal _____

Unit Chairman _____ Telephone (_____) _____ - _____

Address _____ City _____ St ____ Zip Code _____

You are to report hours spent helping disabled, needy non-VA Hospitalized Veterans in your community. List the names of all Field Service Volunteers who have had the Orientation and their total hours from April 1, 2010 through March 31, 2011. All hours spent in Local Nursing Homes, Homeless Shelters, and State Hospitals who have Veterans in residence along with the hours spent in National Cemeteries, Burial Details, and Memorial Services for Veterans ONLY.

I. DONATIONS

A. Total donations and money spent on Field Service Programs\$_____

II. VOLUNTEERS, HOURS & VETERANS SERVED

A. Total number of certified Field Service Volunteers#_____

B. Total Volunteer hours#_____

C. Total Veterans served#_____

D. Total Number of NEW certified Field Service Volunteers#_____

(Please use numbers, not words such as lots, many, or numerous)

III. LIST VOLUNTEERS

List your Unit's Certified Field Service Volunteers, their individual hours served, and where they served (i.e. nursing homes, homeless shelters, hospitals, cemeteries, etc.).

	Volunteer Name	Membership ID #	Hours	Where Served
1.			#	
2.			#	
3.			#	
4.			#	
5.			#	
6.			#	

(Continued on back)

	Volunteer Name	Membership ID #	Hours	Where Served
7.			#	
8.			#	
9.			#	
10.			#	
11.			#	
12.			#	
13.			#	
14.			#	
15.			#	
16.			#	
17.			#	
18.			#	
19.			#	
20.			#	
21.			#	
22.			#	
23.			#	
24.			#	
25.			#	
26.			#	
27.			#	
28.			#	
29.			#	
30.			#	
31.			#	
32.			#	
33.			#	
34.			#	
35.			#	
36.			#	