



AMERICAN LEGION AUXILIARY
Department of Ohio



2011-12 Annual Unit Report – FIELD SERVICE

*Send completed report to Department Field Service Director Patty Miller,
400 May Avenue, Cuyahoga Falls, Ohio 44221, Ph(330) 928-4448 by the May 1, 2012 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, 2011 through March 31, 2012. 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.

Field Service Volunteer Hours Award

A citation plaque will be presented to a Field Service volunteer serving the greatest number of hours from April 1, 2011 – March 31, 2012, in each Division for Junior and senior members. Units should send their nominees to the Department Chairman by May 1, 2012. Unit is required to certify hours of any nominee – the Department Chairman may ask for this information. The Department Chairman will then send the top hour volunteer Junior and senior volunteer to the National Division Chairman by June 1, 2012.

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.). **Report on Back Side of this page.**

	Volunteer Name	Membership ID #	Hours	Where Served
1.			#	
2.			#	
3.			#	
4.			#	
5.			#	
6.			#	
7.			#	
8.			#	
9.			#	
10.			#	
11.			#	
12.			#	
13.			#	
14.			#	
15.			#	
16.			#	
17.			#	
18.			#	
19.			#	
20.			#	
21.			#	
22.			#	
23.			#	
24.			#	
25.			#	
26.			#	
27.			#	
28.			#	
29.			#	
30.			#	