



AMERICAN LEGION AUXILIARY
Department of Ohio



2011-12 Annual Unit Report – HOME SERVICE

*Send completed report to Department V A & R Vice Chairman Terri Croswait,
17 Woodsong Court, Amelia, Ohio 45102 by the May 1, 2012 deadline*

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

Unit Chairman _____ Telephone (_____) _____ - _____

Address _____ City _____ St _____ Zip Code _____

Signed _____ Signed _____

Unit V A & R Chairman

Unit President

Report only hours spent in your home performing a service for Veterans not related to you.

| Volunteer Name, Address & Phone Number | Membership ID Number | Hours | Type of Work Performed | Actual Cost |
|---|-------------------------|---------|----------------------------------|---|
| _____ _____ _____ (____) _____ - _____ | _____ | # _____ | _____ _____ _____ _____ | \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____ |
| _____ _____ _____ (____) _____ - _____ | _____ | # _____ | _____ _____ _____ _____ | \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____ |
| _____ _____ _____ (____) _____ - _____ | _____ | # _____ | _____ _____ _____ _____ | \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____ |
| _____ _____ _____ (____) _____ - _____ | _____ | # _____ | _____ _____ _____ _____ | \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____ |

(Continued on back)

| Volunteer Name, Address & Phone Number | Membership ID Number | Hours | Type of Work Performed | Actual Cost |
|---|-------------------------|-------|---|---|
| <hr/> <hr/> <hr/> (____)____-____ | <hr/> | #____ | <hr/> <hr/> <hr/> <hr/> Total | \$____ \$____ \$____ \$____ \$____ |
| <hr/> <hr/> <hr/> (____)____-____ | <hr/> | #____ | <hr/> <hr/> <hr/> <hr/> Total | \$____ \$____ \$____ \$____ \$____ |
| <hr/> <hr/> <hr/> (____)____-____ | <hr/> | #____ | <hr/> <hr/> <hr/> <hr/> Total | \$____ \$____ \$____ \$____ \$____ |
| <hr/> <hr/> <hr/> (____)____-____ | <hr/> | #____ | <hr/> <hr/> <hr/> <hr/> Total | \$____ \$____ \$____ \$____ \$____ |
| <hr/> <hr/> <hr/> (____)____-____ | <hr/> | #____ | <hr/> <hr/> <hr/> <hr/> Total | \$____ \$____ \$____ \$____ \$____ |
| <hr/> <hr/> <hr/> (____)____-____ | <hr/> | #____ | <hr/> <hr/> <hr/> <hr/> Total | \$____ \$____ \$____ \$____ \$____ |

(Attach copies of this sheet for additional names and information.)