



AMERICAN LEGION AUXILIARY
Department of Ohio



2011-12 Annual Unit Report –VETERANS AFFAIRS & REHABILITATION

This report is MANDATORY for the Citation of Merit

*Send completed report to your District Veterans Affairs & Rehabilitation Chairman
by the May 1, 2012 deadline*

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

Unit Chairman _____ Telephone (____) ____ - _____ Email _____

Address _____ City _____ St ____ Zip Code _____

Members paid _____ Assessment paid at \$0.75 per Member – Amount \$ _____

I. VOLUNTEERS AT A VA FACILITY

	# of Volunteers	Total Hours
Regularly scheduled volunteers		
Occasional volunteers		
Volunteers		
Junior Members		
Non-Affiliated		
TOTAL		

II. VOLUNTEER RECRUITMENT

	# Volunteers
New Senior Volunteers Recruited	
New Occasional Volunteers Recruited	
New Junior Volunteers Recruited	
New Field Service Volunteers Recruited	
New Home Service Volunteers Recruited	

III. DONATIONS TO VA MEDICAL CENTERS

Medical Center	Amount	Value of Items
Chillicothe	\$	\$
Cincinnati	\$	\$
Cleveland – Wade Park	\$	\$
Dayton	\$	\$
Ohio Veterans Home	\$	\$
Community Based Outpatient Clinics	\$	\$
TOTAL	\$	\$

(Continued on back)

IV. AMERICAN LEGION SUPPORT

Item	# Volunteers	Hours	Amount
VA&R Legislative Efforts			\$
Collaborative Program Efforts			\$
TOTAL			\$

V. COLLABORATIVE PROGRAM EFFORTS

Item	# Volunteers	# Veterans Served	Hours	Amount
National Creative Arts Festival				\$
Homeless Veterans Initiatives/ Stand Downs				\$
VAMC Welcome Home Celebrations				\$
Fisher House contributions				\$
Other Service Organizations				\$
“Buddy Bucket” Project				\$
Junior Service Projects/Initiatives				\$
National Veterans Wheelchair Games				\$
Ride 2 Recovery				\$
Spinning Recovery Labs/outdoor cycling at military bases/VA facilities				\$
TOTAL				\$

VI. OTHER

Project	# Volunteers	# Veterans Served	Hours	Amount
“Veterans History Project”				\$
Past Presidents Parley dues				\$
“Gifts For Vets - Marie Moore Fund”				\$
Direct Aid Cases				\$
Indirect Aid Cases				\$
Recognition of Volunteers				\$
Women Veterans assisted				\$
Christmas Gift Shops				\$
Natl. Salute to Hospitalized Veterans				\$
National Volunteer Month				\$
TOTAL				\$

Please list and describe other VA&R activities (not listed above) on an attached sheet. Include number of volunteers, hours, expenses and donations.

Total # of veterans assisted overall _____



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.			#	



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
_____ _____ _____ (____)____-____	_____ _____ _____	# _____ _____ _____	_____ _____ _____ _____ <p style="text-align: right;">Total</p>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
_____ _____ _____ (____)____-____	_____ _____ _____	# _____ _____ _____	_____ _____ _____ _____ <p style="text-align: right;">Total</p>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
_____ _____ _____ (____)____-____	_____ _____ _____	# _____ _____ _____	_____ _____ _____ _____ <p style="text-align: right;">Total</p>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
_____ _____ _____ (____)____-____	_____ _____ _____	# _____ _____ _____	_____ _____ _____ _____ <p style="text-align: right;">Total</p>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
_____ _____ _____ (____)____-____	_____ _____ _____	# _____ _____ _____	_____ _____ _____ _____ <p style="text-align: right;">Total</p>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
_____ _____ _____ (____)____-____	_____ _____ _____	# _____ _____ _____	_____ _____ _____ _____ <p style="text-align: right;">Total</p>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

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