|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reporting** |  | / |  | / |  |  | **Thru** |  | / |  | / |  |
|  | ***Date*** | | | | |  | ***Date*** | | | | | |

|  |  |
| --- | --- |
| **First Name:** |  |
|  |  |
| **Last Name:** |  |

**Note:** *Check off* ***completed activity****, give brief description, list hours & ONLY dollars actually SPENT/DONATED*

**COMMUNITY ACTIVITIES**

The following Community Activity Categories have been completed IN THIS REPORT PERIOD:

A. COMMUNITY INVOLVEMENT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of Projects |  |  |  |  | # of Hrs |  | $ Donated/  Spent |
|  |  | Organized/Assisted in Blood Drive |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Recycling Program |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Neighborhood/Highway Beautification |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Other Community Activities |  |  |  |  |  |

B. CO-OPERATION W/OTHER ORGANIZATION (S)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of Projects |  |  |  |  | # of Hrs |  | $ Donated/  Spent |
|  |  | Organized or assisted in Fund Drive (Specify) |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Use of facilities by non-VFW organizations (Specify) |  |  |  |  |  |

C. AID TO OTHERS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of Projects |  |  |  |  | # of Hrs |  | $ Donated/  Spent |
|  |  | Community Hospital/Nursing Home Volunteer |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Senior Citizens |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Personal/Family Tragedy/Illness assistance |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | “Uplink” Program Donation |  |  |  |  |  |

C. AID TO OTHERS (Continued…)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of Projects |  |  |  |  | # of Hrs |  | $ Donated/  Spent |
|  |  | Other Aid to Other’s Activities |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Military Assistance/Family Support Program |  |  |  |  |  |

D. CHURCH & SCHOOL(S) ASSISTANCE VOLUNTEERS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of Projects |  |  |  |  | # of Hrs |  | $ Donated/  Spent |
|  |  | Volunteerism in church/school |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Speaker Program in church/school |  |  |  |  |  |

E. SAFETY- the following Safety activities have been completed THIS REPORT:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of Projects |  |  |  |  | # of Hrs |  | $ Donated/  Spent |
|  |  | Pedestrian Safety |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Drug Awareness/Safety |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Recreation Safety |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Highway Safety |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Home/Fire Safety |  |  |  |  |  |

F. YOUTH ACTIVITIES – The following Youth Activities have been completed THIS REPORT:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # of Projects |  |  |  |  | # of Hrs |  | $ Donated/  Spent |
|  |  | Sports/Athletics |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Contests/Special Events/Youth |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Education/Instruction/Youth |  |  |  |  |  |

G. RECOGNITION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding Citizen |  | EMT |  | Police person | |
|  |  |  |  |  |  | |
|  | Fire person |  | Scout |  | Other (Specify) |  |

H. Americanism – the following Americanism activities have been completed THIS REPORT:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Memorial Day (Post) |  | Veterans Day (Post) |  | 4th July Program | |
|  |  |  |  |  |  | |
|  | Pearl Harbor Day |  | POW/MIA Service |  | “Get- Out-Vote” | |
|  |  |  |  |  |  | |
|  | Loyalty Day |  | Flag raising/presentation |  | | |
|  |  |  |  |  |  |  |
|  | Patriotic Assembly Program |  | | | | |

**GRAND TOTALS**

|  |  |  |
| --- | --- | --- |
| **Hours** |  | |
|  |  |  |
| **Dollars** | $ |  |

Mail or Deliver **ALL** Reports to

VFW Post 9853

975 North Olivia Drive, Avon Park FL 33825

863-452-9853

**For Post Use Only:**

|  |  |
| --- | --- |
| **Submitting Officer Name:** |  |
|  |  |
| **Submitting Officer Position:** |  |

**Submitting Officer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_