

## AMVETS LADIES AUXILIARY LOCAL YOUTH VOLUNTEER SERVICE REPORT FORM

Individual reports shall be made for the following programs: Hospital, Child Welfare, Community Service, Americanism/SOS and Scholarship.

**Local Auxiliary Reporting:** \_\_\_\_\_ **Report for:** \_\_\_\_\_  
**Reporting Period:** \_\_\_\_\_ **to** \_\_\_\_\_

**Auxiliary** \_\_\_\_\_

**list Volunteers:**  
 (List additional volunteers on the back)

Number of Volunteers \_\_\_\_\_ 1. \_\_\_\_\_

Hours Donated \_\_\_\_\_ 2. \_\_\_\_\_

Number of Miles \_\_\_\_\_ 3. \_\_\_\_\_

**EVALUATIONS:** \_\_\_\_\_ 4. \_\_\_\_\_

Hours @ \$30.00 per hour \_\_\_\_\_ 5. \_\_\_\_\_

Mileage @ \$.65 per mile \_\_\_\_\_ 6. \_\_\_\_\_

“Cents Off” Coupons \_\_\_\_\_ 7. \_\_\_\_\_  
**\$10 per 100 + 1 hour per 100**

Refreshments \_\_\_\_\_ 8. \_\_\_\_\_

Cash Donations \_\_\_\_\_ 9. \_\_\_\_\_

New Materials \_\_\_\_\_ 10. \_\_\_\_\_

Used Materials \_\_\_\_\_ 11. \_\_\_\_\_

Lodging \_\_\_\_\_ 12. \_\_\_\_\_

TOTAL EVALUATIONS: \_\_\_\_\_

**List projects & activities in detail (Use the back or additional sheets if necessary)**

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_