

**Community Service
Annual Report 2009-2010**

Please complete and return before May 1, 2010 to: **Marva Price, Chairman**
12 E. Hortter St, Philadelphia PA 19119-2204

Unit Name & Number _____

Unit Chairman _____

Address: _____

Please - report the amount your Unit spent and the number of hours volunteered for each category.

Program:	Amount	Hours
Welcome Home troops (Area of special Emphasis)	_____	_____
Youth Appreciation Week (Area of special Emphasis)	_____	_____
Make a Difference Day (Area of special Emphasis)	_____	_____
Community Guide of Service and Programs (Emphasis)	_____	_____
Organ and Tissue Donation	_____	_____
Community Beautification	_____	_____
Recycling	_____	_____
Homeless Shelters	_____	_____
Food Banks	_____	_____
Habitat for Humanity	_____	_____
Adopt a Highway	_____	_____
Blood Donation	_____	_____
Domestic Violence Centers	_____	_____
Libraries	_____	_____
Senior Citizens Centers	_____	_____
Nursing Homes	_____	_____
Loaning of medical Equipment	_____	_____
Individual Community Needs (List programs below)	_____	_____

Please submit details on back or on a separate sheet of paper.

American Legion Auxiliary
Community Service

2010 Senior Volunteer of the Year Application

Volunteer Name	
Unit Name and Number	
Address of Volunteer	
ALA Department	
Project(s) must include one or more of the activities emphasised in the Community Service Plan of Action	
Number of Volunteer Hours	
Number of People Assisted	
Number of Volunteers Participating	
Total Hours	
Certification by Unit President	
Date	
Complete this form and attach a narrative of 300-500 words typed or handwritten by the volunteer explaining the project(s) and her involvement.	Mail to: Department Community Service Chairman Mrs. Marva Price 12 E. Hortter St. Philadelphia, PA 19119-2201

Forms must be postmarked by May 1, 2010.

American Legion Auxiliary
Community Service

2010 Junior Volunteer of the Year Application

Junior Volunteer Name	
Unit Name and Number	
Address of Volunteer	
ALA Department	
Project(s) must include one or more of the activities emphasised in the Community Service Plan of Action	
Number of Volunteer Hours	
Number of People Assisted	
Number of Volunteers Participating	
Total Hours	
Certification by Unit President	
Date	
Complete this form and attach a narrative of 300-500 words typed or handwritten by the volunteer explaining the project(s) and her involvement.	Mail to: Department Community Service Chairman Mrs. Marva Price 12 E. Hortter St. Philadelphia, PA 19119-2201

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