



**AMVETS National Ladies Auxiliary
Department Service Report Form
(Totals should only reflect Department Auxiliary Totals)**

Report: **(check one)** Mid-Year Annual

Department: _____ Number of Auxiliaries: _____ Number Reporting: _____

Reports for (check one): Use a separate sheet to report Youth Volunteers

Hospital Americanism (includes S.O.S) Youth Volunteers

Child Welfare Community Service Scholarship

Number of Projects: _____

Number of Hours: _____

Number of Volunteers: _____

Total Evaluation: \$ _____

Synopsis of Projects: Use the back if necessary

Department Chairman's Signature: _____ Date: _____

NEC Woman's Signature: _____ Date: _____

NEC's Address: _____

NEC's Phone Number: Email: _____