**DEPT. of OREGON VFW COMMUNITY SERVICE REPORT (CSR)**

**2014-2015 – During the period 1 May 2014 to 30 April 2015**

**District\_\_\_\_\_\_\_\_ Post \_\_\_\_\_\_\_\_\_\_For the Month or Months of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do not double report hours, expenses or mileage. Report only once in one section of CSR.**

**Use additional forms or plain paper as needed.**

**A. COMMUNITY INVOLVEMENT: NEIGHBORHOOD, HIGHWAY, RECYCLING or OTHER**

**Programs Members Hours Mileage \* Exp or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organize or Assist in Blood Drive** |  |  |  |  |  |
| **CPR Class** |  |  |  |  |  |
| **Recycling** |  |  |  |  |  |
| **Highway Cleanup** |  |  |  |  |  |
| **Restoration Projects** |  |  |  |  |  |
| **Cemeteries** |  |  |  |  |  |
| **55 Alive Classes** |  |  |  |  |  |
| **Other Projects** |  |  |  |  |  |

 **Totals**

**B. COOPERATION WITH OTHER ORGANIZATIONS:**

**Programs Members Hours Mileage \* Exp or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organize or assist in fund drives** **Special Olympics / food / clothing** |  |  |  |  |  |
| **Veterans Counsel** |  |  |  |  |  |
| **Adopt A Unit Program** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

 **Totals**

**C. AID TO OTHERS: (REHABILITATION) Nursing Home, Hospital, Seniors and Personal/**

**Family Tragedies/Illnesses**

**Programs Members Hours Mileage \* Exp or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hospital, Nursing Home Volunteers** |  |  |  |  |  |
| **Senior citizen** |  |  |  |  |  |
| **Operation Uplink / MAP** |  |  |  |  |  |
| **Personal or Family Tragedy or Illnesses** |  |  |  |  |  |
| **Aid to Other Projects** |  |  |  |  |  |
| **Lap Robes or Other Hand Made** **Items for Sick or Vets** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

 **Totals**

**D. SCHOOL/CHURCH ASSISTANCE:**

**Programs Members Hours Mileage \* Exp or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Volunteerism in Schools/Churches** |  |  |  |  |  |
| **Speaker Programs in School** |  |  |  |  |  |
| **Sunday School** |  |  |  |  |  |
| **Teacher’s Award** |  |  |  |  |  |
| Other |  |  |  |  |  |

 **Totals**

**District: \_\_\_\_\_\_\_\_\_\_ Post: \_\_\_\_\_\_\_\_\_**

1. **SAFETY: List Pedestrian, Drug, Recreational, Highway, Home/Fire, Recognition**

**Programs Members Hours Mileage \* Exp or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pedestrian / Bicycle Safety** |  |  |  |  |  |
| **Drug Awareness** |  |  |  |  |  |
| **Recreational / Boating Safety** |  |  |  |  |  |
| **Highway Safety** |  |  |  |  |  |
| **Home / Fire Safety** |  |  |  |  |  |
| **Recognition / Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

 **Totals**

**F, AMERICANISM:**

**Programs Members Hours Mileage \* Exp or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Flag Presentation / Color Guard / funerals** |  |  |  |  |  |
| **Patriotic Assemble / Literature** |  |  |  |  |  |
| **Get Out The Vote** |  |  |  |  |  |
| **School Flag Education Program** |  |  |  |  |  |
| **Veterans Day Program** |  |  |  |  |  |
| **Pearl Harbor Program** |  |  |  |  |  |
| **Memorial Day Program** |  |  |  |  |  |
| **Loyalty Day Program** |  |  |  |  |  |
| **Other Americanism Project** |  |  |  |  |  |
| **POW / MIA** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

 **Totals**

**G. YOUTH:**

**Programs Members Hours Mileage \* Exp or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sports / Athletics** |  |  |  |  |  |
| **Scouting / Organizations** |  |  |  |  |  |
| **Contests / Special Events** |  |  |  |  |  |
| **Education / Instruction** |  |  |  |  |  |
| **Voice Of Democracy** |  |  |  |  |  |
| **Patriot Pen ( Youth Essay)** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

 **Totals**

**H. OTHER NOT LISTED:**

 **Programs Members Hours Mileage \* Exp or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 **Totals**

 **\_\_\_\_\_\_\_\_\_\_ Total Hours \_\_\_\_\_\_\_\_\_\_ Total Mileage \_\_\_\_\_\_\_\_\_\_ Total Exp/Donation \* (Dollar Amount)**

**Prepared by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send completed reports to: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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