# VETERANS OF FOREIGN WARS OF THE UNITED STATES
# and it's LADIES & MEN'S AUXILIARIES
# ALL PROGRAMS REPORT FORM
# DEPARTMENT OF SOUTH CAROLINA
**Reporting year 2008 - 09 (May 1 '08- April 30 '09)**

**SUBMIT WEEKLY:** Copies: Post (1); L or M Auxiliaries (1); Chairperson (1)

**Joint Report:** ☐ No ☐ Yes ☐ Ladies Aux ☐ Mens Aux

Post / L or M Aux No. District Group Report Dates: From to

***Mileage is calculated @ $.14 per mile X total miles traveled by all members = $total***

## COMMUNITY SERVICE

**Please List- Any Activities within your community provided by this VFW and it's AUX, which help to benefit the community, church school, parks, recycling, neighborhood cleanups etc.**

| | POST | | | | | L or M AUXILIARY | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Proj | Mbrs | Hours | Money | Mileage | Proj | Mbrs | Hours | Money | Mileage |
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| TOTALS | | | | | | | | | | |

## AID TO OTHERS

**Please List- Visits to Hospital, Nursing Homes, Senior Citizens, Blood Drives, Cancer, Rehabilitation, Memorials, March of Dimes, Funerals, etc.**

| | Proj | Mbrs | Hours | Money | Mileage | Proj | Mbrs | Hours | Money | Mileage |
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| TOTALS | | | | | | | | | | |

## AMERICANISM / CITIZEN EDUCATION

**Please List - Parades and public ceremonies, Flag presentation, Educational Materials/classroom programs, Funerals, POW/MIA Activities, Legislative, Loyalty Day, etc.**

| | Proj | Mbrs | Hours | Money | Mileage | Proj | Mbrs | Hours | Money | Mileage |
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| TOTALS | | | | | | | | | | |

| Voice of Democracy/Youth Essay- VOD, Patriots' Pen, Youth Essay, Patriotic Art, indicate VOD, YE, PP, or PA | POST | | | | | L or M AUXILIARY | | | | |
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| | Proj | Mbrs | Hours | Money | Mileage | Proj | Mbrs | Hours | Money | Mileage |
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| TOTALS | | | | | | | | | | |
| **YOUTH ACTIVITIES - Post and Auxiliaries are encouraged to provide youth programs within your community, Athletics, Scouting, Contests, Education, Recognition, etc** | | | | | | | | | | |
| | Proj | Mbrs | Hours | Money | Mileage | Proj | Mbrs | Hours | Money | Mileage |
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| TOTALS | | | | | | | | | | |
| **SAFETY- Pedestrian, Drug Awareness, Recreational, Highway, Home/Fire, etc.** | | | | | | | | | | |
| | Proj | Mbrs | Hours | Money | Mileage | Proj | Mbrs | Hours | Money | Mileage |
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| TOTALS | | | | | | | | | | |
| **Military Service- ANY support given to a unit, individual, family member, ceremonies, welcomes home, Uplink, Unmet Needs, USO, etc** | | | | | | | | | | |
| | Proj | Mbrs | Hours | Money | Mileage | Proj | Mbrs | Hours | Money | Mileage |
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| TOTALS | | | | | | | | | | |
| **TOTALS FROM SUPPLEMENTAL SHEET(S)** | | | | | | | | | | |
| **TOTALS FROM PAGES 1 & 2 THIS FORM** | | | | | | | | | | |
| ***GRAND TOTALS COMBINED ABOVE TWO LINES*** | | | | | | | | | | |

**Describe outstanding Projects below. Include all info. Attach all support documents, papers/newsclips, etc. about the program.**

| | POST | L or M AUX | | POST | L or M AUX |
|---|---|---|---|---|---|
| Total Members This Report | | | Total Monies this report > | | |
| Total Hours This Report | | | Total Mileage $$ this report > | | |
| Total Blood this report | | | {above = $.14 X # Miles Driven} | | |
| Total Projects this report | | | Grand Total $$ spent | | |

Prepared By: Prepared By:

Post/Title: Date: (L)(M)Aux/Title: Date:


**VFW DEPARTMENT OF S. C.**
**210 Glassmaster Road**
**Lexington, SC 29072-3712**

**Phone: 803-808-0317**
**FAX: 803-808-0417**
**EMAIL: dept@vfwsc1.org**

**Amer/VOD & Pat Pen, etc:**
**Clarence Hammett**
**372 Tribal Road**
**Blacksburg, SC 29702-8391**
**Phone: 864-936-7575**
**Email: chammettsr@aol.com**

**Comm. Service & all others:**
**C. B. Deal**
**3300 Rainer St.**
**Conway, SC 29527-5840**
**Phone: 843-488-9955 Fax: 843-488-1836**
**Email: cbdeal@sccoast.net**

# COMMUNITY SERVICE & OTHER CATEGORIES ADDITIONAL REPORT FORM

| **DESCRIPTION**: Enter **CATEGORY HEADING** and the pgm information is to be entered under. **(Mileage @ $.14 mi.)** | **POST** | | | | | **L or M AUXILIARY** | | | | |
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| Enter these tots on back on the CS & OTHER RPT FORM | | | | | | | | | | |
| **Page numbers if more than one additional page required ==** | | | | | | | | | | |