

Department of Maryland, Veterans of Foreign Wars

Community Activities Report Form

District Number: \_\_\_\_\_\_ Post Number: \_\_\_\_\_\_\_\_ For the Month of: \_\_***\_\_\_\_***\_\_ POC: Name/Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** |  | **Report of Activities and Projects** | **Total # of**  **Members1** | **Total Hours2** | **Total Miles3** | **Total Cost (other than miles)4** | **Ameri-cansim5** | **C/A5** | **Safety5** | **Youth5** | **Hospital5** |
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|  |  | **Activity:**  **Benefitted**: |  |  |  |  |  |  |  |  |  |
|  |  | **Activity:**  .  **Benefitted**: |  |  |  |  |  |  |  |  |  |
|  |  | **Activity:**  .  **Benefitted**: |  |  |  |  |  |  |  |  |  |
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|  |  | **Activity:**  **Benefitted**: |  |  |  |  |  |  |  |  |  |
| **Activity:** Describe in sufficient detail the activity the post supported, hosted, or participated in during the month  **Benefitted:** Provide numbers of participants, recipients, or beneficiaries of the activity- (if known; entering ‘community’ is ok for flags, parades, cemeteries…etc...unless an estimate of the crowd size/population can be made).  1-Number of members from the Post that participated in the event  2-Total of the number of members x hours each participated  3-Total of each member’s round trip mileage  4-Costs expended for the activity other than mileage  5-Place an x in the box if you believe you activity fulfills that category; Committee Chairman will use this as the basis to tally total events for credit  6- Include name of participant/awardee on this form; however, if this entry is described in another report- provide a line entry for the activity, summarize the numbers on this report, and then attach the details. | | | | | | | | | | | |