

**American Legion Auxiliary
Department of New Hampshire
Community Service
Year End Report**

Chairman: Sandy Morris PO Box 517, Littleton NH 03561
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Report Covers: May 1, 2023 to April 30,2024

Due: April 1, 2024

Unit Name and Number: _____

Chairman's Name: _____

Chairman's Address: _____

Chairman's Email: _____

The current New Hampshire Volunteer Hourly Rate is \$31.80 for 2023-2024 and values for donated items worth in New Hampshire can be found on the IRS website. (Examples: Home sewn, knit or crocheted items, used clothing, books & magazines, cards & games & stationary supplies, food & treats).

1. Number of Veterans/Military/Family Members Served:
 - a. Number of Volunteers: _____
 - b. Number of Hours: _____
 - c. Cost to Unit: \$ _____
2. Did your Unit Participate in any Days of Service Activities? Yes _____ No: _____
If yes, what days(s): _____

How? _____

3. Did your Unit Participate in Homeless Veterans Activities? Yes _____ No: _____
If yes How? _____
4. Did your Unit Participate in a Job/Career Fair? Yes _____ No: _____
If yes How? _____
5. Did your Unite plan and have Innovative Community Service Activity?
 - a. Yes: _____ No: _____
 - b. If Yes: How? _____
6. Did your Unite Help with Food Banks? Yes: _____ No: _____
 - a. If Yes How? _____
 - b. Money: _____ Hours: _____ Miles: _____
7. Did your Unite Help out with Homeless Shelters: Yes: _____ No: _____
 - a. If Yes, How? _____
 - b. Money \$ _____ Hours: _____ Miles: _____
8. Did your Unit Participate with Senior Centers: Yes: _____ Yes: _____
 - a. If Yes, How: _____

- b. Money \$ _____ Hours _____ Miles _____
9. Did your Unit Participate with Nursing Homes/ Veteran's Homes? Yes _____ No _____
- a. If Yes, How and where: _____
- b. Money \$ _____ Hours _____ Miles _____
10. Did your Unit Participate in Adopt a Highway? Yes _____ No _____
- a. If Yes, How? _____
- b. Money \$ _____ Hours? _____ Miles _____
11. Did your Unit Donate to a Local Animal Shelter or Volunteer? Yes _____ No _____
- a. If Yes How? _____
- b. Money \$ _____ Hours _____ Miles _____
12. Individual Community needs other than listed above. List all other areas of participation that was not listed above _____
- _____
- _____
- _____

Please use a separate sheet of paper for additional reporting. A typewritten narrative may also accompany this form. Please note that some reports that are to be sent in for National Awards do require a typewritten narrative.