COMMUNITY SERVICE REPORT FORM
2020-2021
P-C Alger, 14 Lesley Circle, Derry NH 03038
(603) 434-6821 AM-FLAG@GMAIL.COM
Please complete and return form on or Before May 1,

Chairman's Name: ___________________ Unit # _____ District # _____

Address: ____________________________________________________________

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 Day of Service activities? Yes _____ No ____
   If yes, what day(s) ________________________________________________

   How? __________________________________________________________________

3. Did your Unit participate in Homeless veteran activities? Yes No
   If yes, How? __________________________________________________________________

4. Did your Unit participate in a Job/Career Fair? Yes _______ No _____
   If yes, How? __________________________________________________________________

5. Did your Unit plan and have a Innovative community service activity? Yes ____ No____
   If yes, How? __________________________________________________________________

6. Did your Unit help out with Food Banks? Yes ____________ No _____
   If yes, How? __________________________________________________________________
      Money $ __________________ Hours ________________ Miles ___________

7. Did your Unit help out with Homeless Shelters? Yes ____________ No _____
   If yes, How? __________________________________________________________________
      Money $ __________________ Hours ________________ Miles ___________

8. Did your Unit participate with Senior Citizens Centers? Yes ____________ No _____
   If yes, How? __________________________________________________________________
      Money $ __________________ Hours ________________ Miles ___________

9. Did your Unit participate with Nursing Homes/Veterans Home? Yes ______ No ____
   If yes, How and which home or both?
      Money $ __________________ Hours ________________ Miles ___________


10. Did your Unit participate in Adopt-A-Highway? Yes _______________ No
If yes, How? ________________

Money $ _______________ Hours _______________ Miles _______________

11. Individual community needs. List all other areas of participating 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 and the National cover sheet.