



VETERANS OF FOREIGN WARS and its LADIES AUXILIARY

PROGRAM REPORTING FORM

DEPARTMENT OF COLORADO

(Reporting year - May 1 to April 30)

2011 - 2012



Post/Aux. No: \_\_\_\_\_ City \_\_\_\_\_ District No: \_\_\_\_\_ Reporting dates: From \_\_\_\_\_ to \_\_\_\_\_

	Hrs	Cash	Projects	Miles
<b>VETERANS &amp; FAMILY SUPPORT</b>				
National Military Services _____				
Participation in a "Military Support" Event _____				
Assistance to local Veterans & Families _____				
Commemorative Coins given to Military personnel _____				
Programs to help Homeless Veterans _____				
Describe Publication of Veterans & Family Support _____				
Describe promotion of Ladies Auxiliary Continuing Education Scholarship _____				
Make A Difference Day Program and Publicity _____				
Other _____				
<b>VFW NATIONAL HOME FOR CHILDREN</b>				
Programs / materials / promotion _____				
Donation to Colorado Home _____				
Number of Campbell labels _____				
Other _____				
<b>BUDDY POPPY</b>				
Number of Buddy Poppies used or given _____				
Describe uses of Buddy Poppies _____				
<b>CANCER AID &amp; RESEARCH</b>				
Education on Cancer through outside sources _____				
Cancer Aid & Research Publicity _____				
Other (include Step-Up Challenge Events & Post-Doctoral Research Fellowship promo) _____				
<b>COMMUNITY SERVICE</b>				
Assistance to Senior Citizens _____				
Other Community Service to benefit the community and not the VFW Post _____				
<b>AMERICANISM/CITIZENSHIP EDUCATION</b>				
Number of flags donated at least 2 inch x 3 inch in size or larger _____				
Number of POW-MIA flags presented _____ Number of POW-MIA programs presented _____				
Number of educational patriotic programs presented to schools, youth groups, etc. _____				
Describe _____				
Describe Veterans History Project _____				
Which Conflict? _____ Number sent to Library of Congress _____				
Number of Certificates presented to Businesses or citizens _____				
Citizenship Education Teacher entries to Department _____				
Other Americanism programs, Loyalty Day, Parades, etc., presented or participated in: _____				
Describe Promotion of Americanism/Citizenship Education _____				
How did you promote Suicide Awareness Month _____				

	Hrs	Cash	Projects	Miles
<b>VOICE OF DEMOCRACY</b> Number of entries _____ Awards _____				
<b>PATRIOT'S PEN</b> Number of entries _____ Awards _____				
How did you Publicize _____				
Recognize ALL who participated _____				
<b>YOUTH ACTIVITIES</b>				
Youth Safety, Just Say No _____ Number of entries _____				
Outstanding Young Volunteer _____				
Young American Creative Patriotic Art _____ Number of entries _____				
Boy Scout Programs / Awards _____ Number of participants _____				
Girl Scout Programs / Awards _____ Number of participants _____				
ROTC Programs / Awards _____ Number of participants _____				
Other _____				
<b>JR. GIRLS</b>				
Do you have a Jr. Girls Unit? _____ Buddy Poppies donated to Jr. Girls Unit _____				
Cash Donations to Jr. Girls Unit (thru State Treasurer) _____				
Donation to Jr. Girls Scholarship Fund _____				
Post/Auxiliary Donation to Jr Girls Units _____				
<b>LEGISLATIVE</b>				
Number of calls _____ #letters _____ #e-mail _____ #visits _____ #faxes _____				
Congressional meetings, programs held to promote, # in attendance _____				
Did your Aux./Post educate on the Legislative Process _____				
Describe Priority Goals Promotion _____				
<b>FISHER HOUSE</b> Fund Raising / Education _____				
Other _____				
<b>***HOSPITAL &amp; NURSING HOMES***</b> (identify VA Hospitals, Nursing Homes, Local Hospitals, Out Patient Clinics)				
Participation in Hospitalized Veterans writing program _____				
Aid to VA Hospitals _____ No. of volunteers _____				
Aid to State Veterans Nursing Homes/Local Hospitals & Nursing Homes _____				
Pints of Blood Donations(\$69.00 x No.) _____				
Hospital Visits/Cards/Flowers/ Cards to Veterans _____				
Donation of items _____				
Donation of services _____				
Sponsored Non-Member Volunteers _____				
New Volunteers Recruited _____ Regular _____ Occasional _____ Youth _____				
Youth Groups, Schools or other organizations participating in making cards, gifts & visits _____				
Other _____				

**PROGRAMS (exclude Hospital/Nursing Homes)**

- Total Program hours \_\_\_\_\_  
(Post & Auxiliary)
- CASH used** to complete Program projects\$ \_\_\_\_\_  
(Post & Auxiliary)
- Program completed projects \_\_\_\_\_  
(Post & Auxiliary)
- Program miles @ \$ 0.14 a mile donated\$ \_\_\_\_\_  
(Post & Auxiliary)

**\*\*\*HOSPITAL & NURSING HOMES\*\*\***

- Total Hospital hours \_\_\_\_\_  
(Post & Auxiliary)
- CASH used** to complete Hospital projects\$ \_\_\_\_\_  
(Post & Auxiliary)
- Hospital completed projects \_\_\_\_\_  
(Post & Auxiliary)
- Hospital miles @ \$0.14 a mile donated\$ \_\_\_\_\_  
(Post & Auxiliary)

Mail to: Dept. Headquarters  
1400 Carr Street  
Lakewood, CO 80214

PREPARED BY: \_\_\_\_\_  
POST/AUX. NO. \_\_\_\_\_

DIST. NO. \_\_\_\_\_