

Department of Maryland, Veterans of Foreign Wars

Community Activities Report Form

District Number: \_\_\_\_\_\_ Post Number: \_\_\_\_\_\_\_\_\_\_\_\_ For the Month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_

|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| Date |  | Report of Activities and Projects |  | Amer | C / A | Safety | Youth | Hosp |
|  |  |  |  |  |  |  |  |  |
|  |  | **Description of Activity:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Members: Hours: Miles: |  |  |  |  |  |  |
|  |  | Project Cost: Total Cost: |  |  |  |  |  |  |
|  |  | Benefited: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Description of Activity:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Members: Hours: Miles: |  |  |  |  |  |  |
|  |  | Project Cost: Total Cost: |  |  |  |  |  |  |
|  |  | Benefited: |  |  |  |  |  |  |
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|  |  | **Description of Activity:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Members: Hours: Miles: |  |  |  |  |  |  |
|  |  | Project Cost: Total Cost: |  |  |  |  |  |  |
|  |  | Benefited: |  |  |  |  |  |  |
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|  |  | **Description of Activity:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Members: Hours: Miles: |  |  |  |  |  |  |
|  |  | Project Cost: Total Cost: |  |  |  |  |  |  |
|  |  | Benefited: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Description of Activity:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Members: Hours: Miles: |  |  |  |  |  |  |
|  |  | Project Cost: Total Cost: |  |  |  |  |  |  |
|  |  | Benefited: |  |  |  |  |  |  |

**Remember** - When giving awards to individuals, you must give the persons name (such as: Officer of the Year, VOD Contestant, etc.