



Community Service

District # _____ District Chairman _____
 Phone # _____ Email: _____
 # of Units with Activity _____ # of Units with No Activity _____ # of Units that did not report _____

National Emphasis

1. Number of Units participating in any National Days of Service? _____
 a. Which Days of Service ? _____
2. Number of Units participating in any Homeless Veteran Activity? _____
3. Number of Units participating in any Job/Career Fair? _____
4. No. of volunteers who developed, implemented, and monitored community events that aided veterans or active duty members and families? _____ # of Hours _____
5. No. of Veterans/military family members served promoting Homelessness Prevention? _____
 a. What activities were used to promote Homelessness Prevention? _____
 b. Cost to the Units \$ _____ Value of in-kind donations \$ _____

Department Emphasis

6. Number of Units donating to the California Disaster Fund? _____ Amount \$ _____
7. Number of Units nominating a Volunteer of the year? Senior Member _____ Junior Member _____

Individualized Projects

Please complete the chart below for any projects Unit members worked on:

Activities	# of Volunteers	Money Donated	Value of Donations	Hours
Food Banks				
Senior Centers				
Homeless Shelters				
Medical Clinics				
Women's Programs				
Blood Donations				
Nursing Homes				
Libraries				
Museums				
Recycling				
Beatification				
Cancer Awareness				

Please attach a supplemental report describing your District's success stories in working the Community Service Program. Please include pictures on a separate sheet at the end of your report. All pictures must be submitted in either .jpg or .pdf format.

Department Community Service Chairman- Patricia Galatioto
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Submit this completed form to your District Chairman no later than Friday, May 1, 2024