

DEPARTMENT of OREGON
VFW COMMUNITY SERVICE REPORT (CSR)
2022 - 2023 – During the period 1 May 2022 to 30 April 2023

District _____ Post _____ for the Month or Months of _____

Do not double report hours, expenses or mileage. Report only once in one section of CSR.
 Use additional forms or plain paper as needed.

A. COMMUNITY INVOLVEMENT: NEIGHBORHOOD, HIGHWAY, RECYCLING or OTHER

| Programs | Members | Hours | Mileage | * Exp. Or Donation | Briefly Explain |
|-----------------------------------|---------|-------|---------|--------------------|-----------------|
| Organize or Assist in Blood Drive | | | | | |
| CPR Class | | | | | |
| Recycling | | | | | |
| Highway Cleanup | | | | | |
| Restoration Projects | | | | | |
| Cemeteries | | | | | |
| 55 Alive Classes | | | | | |
| Other Projects | | | | | |
| Totals | | | | | |

B. COOPERATION WITH OTHER ORGANIZATIONS:

| Programs | Members | Hours | Mileage | * Exp. Or Donation | Briefly Explain |
|---|---------|-------|---------|--------------------|-----------------|
| Organize or assist in fund drives Special Olympics / food / clothing | | | | | |
| Veterans Counsel | | | | | |
| Adopt A Unit Program | | | | | |
| Other | | | | | |
| Totals | | | | | |

C. AID TO OTHERS: (REHABILITATION)

Nursing Home, Hospital, Seniors and Personal/Family Tragedies/Illnesses

| Programs | Members | Hours | Mileage | * Exp. or Donation | Briefly Explain |
|--|---------|-------|---------|--------------------|-----------------|
| Hospital, Nursing Home Volunteers | | | | | |
| Senior citizen | | | | | |
| Operation Uplink / MAP | | | | | |
| Personal or Family Tragedy or Illnesses | | | | | |
| Aid to Other Projects | | | | | |
| Lap Robes or Other Hand Made Items for Sick or Vets | | | | | |
| Other | | | | | |
| Totals | | | | | |

D. SCHOOL/CHURCH ASSISTANCE:

| Programs | Members | Hours | Mileage | * Exp. or Donation | Briefly Explain |
|----------------------------------|---------|-------|---------|--------------------|-----------------|
| Volunteerism in Schools/Churches | | | | | |
| Speaker Programs in School | | | | | |
| Sunday School | | | | | |
| Teachers Award | | | | | |
| Other | | | | | |
| Totals | | | | | |

District: _____ Post: _____

E. SAFETY: List Pedestrian, Drug, Recreational, Highway, Home/Fire, Recognition

| Programs | Members | Hours | Mileage | * Exp. or Donation | Briefly Explain |
|---|---------|-------|---------|--------------------|-----------------|
| Pedestrian / Bicycle Safety | | | | | |
| Drug Awareness | | | | | |
| Recreational / Boating Safety | | | | | |
| Highway Safety | | | | | |
| Home / Fire Safety | | | | | |
| Recognition / Other | | | | | |
| Life Saving / Paramedics / Police / Fireman Award | | | | | |
| Other | | | | | |
| Totals | | | | | |

F. AMERICANISM:

| Programs | Members | Hours | Mileage | * Exp. or Donation | Briefly Explain |
|--|---------|-------|---------|--------------------|-----------------|
| Flag Presentation / Color Guard / funerals | | | | | |
| Patriotic Assemble / Literature | | | | | |
| Get Out The Vote | | | | | |
| School Flag Education Program | | | | | |
| Veterans Day Program | | | | | |
| Pearl Harbor Program | | | | | |
| Memorial Day Program | | | | | |
| Loyalty Day Program | | | | | |
| Other Americanism Project | | | | | |
| POW / MIA | | | | | |
| Other | | | | | |
| Totals | | | | | |

G. YOUTH:

| Programs | Members | Hours | Mileage | * Exp. or Donation | Briefly Explain |
|----------------------------|---------|-------|---------|--------------------|-----------------|
| Sports / Athletics | | | | | |
| Scouting / Organizations | | | | | |
| Contests / Special Events | | | | | |
| Education / Instruction | | | | | |
| Voice Of Democracy | | | | | |
| Patriot Pen (Youth Essay) | | | | | |
| Other | | | | | |
| Totals | | | | | |

H. OTHER NOT LISTED:

| Programs | Members | Hours | Mileage | * Exp. or Donation | Briefly Explain |
|---------------|---------|-------|---------|--------------------|-----------------|
| | | | | | |
| | | | | | |
| Totals | | | | | |

Prepared by _____ Title _____ Date _____ Phone (_____) _____

Email: _____

Send completed reports to: Dennis Pratt
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