**DEPARTMENT of OREGON**

**VFW COMMUNITY SERVICE REPORT (CSR)**

**2024 - 2025 – During the period 1 May 2024 to 30 April 2025**

District\_\_\_\_\_\_ Post\_\_\_\_\_\_\_\_ For the Month or Months of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do not double report hours, expenses, or mileage. Put all members report on form and enter on Members only** **or email to CSR Chairman. 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** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **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** |  |  |  |  |  |
| **Personal or Family Tragedy or**  **Illnesses** |  |  |  |  |  |
| **Aid to Other Projects** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

**D. SCHOOL/ASSISTANCE:**

**Programs Members Hours Mileage \* Exp. or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Volunteerism in Schools** |  |  |  |  |  |
| **Speaker Programs in School** |  |  |  |  |  |
| **Sunday School** |  |  |  |  |  |
| **Teachers Award** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

**National has changed some requirements, look at VFW guide for Community Service Best Practices!**

**Oregon Website Resources Reports & Forms**

**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** |  |  |  |  |  |
| **Highway Safety** |  |  |  |  |  |
| **Home / Fire Safety** |  |  |  |  |  |
| **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** |  |  |  |  |  |
| **School Flag Education Program** |  |  |  |  |  |
| **Veterans Day Program** |  |  |  |  |  |
| **Memorial Day Program** |  |  |  |  |  |
| **Loyalty Day Program** |  |  |  |  |  |
| **Other Americanism Project** |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

**G. YOUTH: 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. POW/MIA:**

**Programs Members Hours Mileage \* Exp. or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POW/MIA Program** |  |  |  |  |  |
| **Display POW/MIA meeting, etc** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

**I. OTHER NOT LISTED:**

**Programs Members Hours Mileage \* Exp. or Donation Briefly Explain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

**Prepared by**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rev 11/24

**Enter on Computer (Members only) or Send completed reports to: Bert Little**

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