



Veteran's Affairs and Rehabilitation

District # _____ District Chairman _____

Phone # _____ Email: _____

of Units with Activity _____ # of Units with No Activity _____ # of Units that did not report _____

1. Number of Units that participated in Wreaths Across America Day on Dec. 14, 2024? _____
Total number of wreaths Units sponsored? _____ Total dollars spent? \$ _____
Total number of volunteers in your District? _____ Total volunteer hours? _____
On a separate sheet of paper describe all Unit activities for Wreaths Across America.
2. Number of Units that participated in the Honor Flight, Inc. Program? _____ Miles driven _____
Total number of volunteers in your District _____ Total dollars spent/donated \$ _____
Total volunteer hours? _____
On a separate sheet of paper describe how members volunteer for this program.
3. Number of Unit members who participated in the Military and Veteran Caregiver Network? _____
Hours Spent _____ Dollars Spent \$ _____ Miles Driven _____
On a separate sheet of paper please note the tasks/activities performed by caregivers:
4. Service for Veterans and Their Families:
Total hours Unit members in your District volunteered? _____ Number of volunteers _____
Total dollars spent? \$ _____ Miles driven _____
Total number of veterans and veteran families assisted by Units In your District this year? _____
Total number of "Veterans in Community Schools" presentations facilitated by Units this year _____
Total value of in-kind donations received by Units in your District this year? \$ _____
Total number of poppies or poppy items distributed by Units in your District _____
Total dollars raised by Units in your District for poppies or poppy items this year? \$ _____
5. Number of Units that supported the National Veterans Creative Arts Festival (NVCAF) _____
Number of Units that donated to NVCAF? _____ Total dollars donated? \$ _____
On a separate sheet of paper briefly describe NVCAF activities in which Units were involved this year.
6. Number of Units that recruited Auxiliary members as volunteers for the VA Center for Development and Community Engagement at VA facilities? _____
7. Number of Units that participated in the "Be the One" Project this year? _____
Describe activities on a separate sheet of paper.

Please attach a supplemental report describing your District's success stories in the VA&R Program. Please include pictures as attachments to your report in .jpg or .pdf format. Do not imbed photos in the body of your document. The completed report form and supplemental must be submitted as a Word .doc or .pdf document. PHONE PHOTOS OF COMPLETED REPORTS WILL NOT BE ACCEPTED.

Department Veteran's Affairs and Rehabilitation Chairman- Susan Baker
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831-324-0191 var@calegionaux.org

Submit this completed form to your Department Chairman no later than Thursday, May 1, 2025