

American Legion Auxiliary
Department of California
Unit Mid-Year Report for 2024-2025
Covers May 1, 2024 – November 30, 2024

Community Service

District #: Phone #		Unit #:	Unit Chairman: Email:		
	No Activity to repo	ort during this period			
1.	Check the National Days of Service that your Unit participated in: 9/11 National Day of Service & Remembrance Veterans Day Family Volunteer Da Please provide a narrative of the ways your Unit participated in the above Days of Service:				
2.	Did your Unit participate in the National Night Out 2024 event? Yes No Please provide a narrative of how your Unit participated in the 2024 National Night Out event:				
3. 4. 5.	Did your Unit donate to the California Disaster Fund? Yes No If yes, total \$ How many applications for the California Disaster Fund did your Unit receive this year? How has your Unit used community service events to raise awareness for the American Legion's Be the One initiative to reduce the rate of veteran suicide?				
6.	Please complete the chart below for any projects Unit members worked in:				
	Activities	# of Volunteers		Value of Donations	Hours Volunteered
	Food Banks				
	Senior Centers				
	Homeless Shelter	S			
	Medical Clinics				
	Women's Shelters	5			
	Blood Donations				
	Nursing Homes				
	Libraries				
	Museums				
	Recycling				
	Beautification				
	Animal Shelters				
	Please provide a narrative to highlight the projects Unit members volunteered/contributed to:				
7.	Please share any o	ther Community Servi	ce activities that y	our Unit has participa	ted in:

Community Service District Chairman 2024-2025

District 1

Send directly to Dept Chairman

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District 30

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