

THE AMERICAN LEGION
Department of Pennsylvania

CHILDREN & YOUTH NARRATIVE REPORT

(Activity must cover period May 1, 2014 through April 30, 2015)

IMPORTANT: CHILDREN & YOUTH AWARDS WILL BE BASED ON THE INFORMATION PROVIDED ON OR ATTACHED TO THIS REPORT FORM.

POST NAME _____ POST NO. _____

ADDRESS _____

CITY/STATE/ZIP _____

DISTRICT _____ SECTION _____ MEMBERSHIP CLASS _____

MAIL TO: THE AMERICAN LEGION, PO BOX 2324, HARRISBURG, PA 17105-2324

DEADLINE: MAY 22, 2015

(A) DID YOUR POST FILE A CONSOLIDATED POST REPORT FORM? _____ YES _____ NO

(B) ESTIMATE THE NUMBER OF VOLUNTEER SERVICE HOURS PROVIDED BY THE MEMBERS OF YOUR POST FOR THE CHILDREN & YOUTH OF YOUR COMMUNITY. _____ HOURS

PROGRAM	DID YOUR POST HAVE THIS PROGRAM (YES OR NO)	ESTIMATED NUMBER OF CHILDREN SERVED	COST TO POST
MISSING CHILDREN			
SUICIDE PREVENTION			
DRUG AND ALCOHOL ABUSE PROGRAM			
HALLOWEEN SAFETY			
CHILD SAFETY			
TEMPORARY FINANCIAL ASSISTANCE			
APRIL IS CHILDREN & YOUTH MONTH			
IMMUNIZATION PROJECT			
OTHER (Describe on reverse)			

Signature _____

Title _____

Date _____

<p>FOR COMMITTEE USE ONLY:</p> <p>Additional Information? _____</p> <p>Total Points _____</p>
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