

THE AMERICAN LEGION  
Department of Pennsylvania

**CHILDREN & YOUTH NARRATIVE REPORT**

*(Activity must cover period May 1, 2020 through April 30, 2021)*

**IMPORTANT: CHILDREN & YOUTH AWARDS WILL BE BASED ON THE INFORMATION PROVIDED ON OR ATTACHED TO THIS REPORT FORM.** National site- <https://www.legion.org/youthprograms>

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, 2021***

(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

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

