

AMERICAN LEGION AUXILIARY  
UNIT COMMUNITY SERVICE  
**2009 JUNIOR VOLUNTEER OF THE YEAR APPLICATION**

JUNIOR VOLUNTEER NAME:	
UNIT NAME AND NUMBER:	
ADDRESS OF VOLUNTEER:	
ALA DEPARTMENT:	
PROJECT (S) MUST INCLUDE ONE OR MORE OF THE ACTIVITIES EMPHASIZED IN THE COMMUNITY SERVICE PLAN OF WORK	
NUMBER OF VOLUNTEER HOURS:	
NUMBER OF PEOPLE WHO HELPED:	
OTHER GROUPS INVOLVED IN PROJECT:	
TOTAL NUMBER OF VOLUNTEERS PARTICIPATING:	
TOTAL HOURS:	
<b>JUNIOR'S SOCIAL SECURITY NUMBER:</b>	
CERTIFIED BY UNIT PRESIDENT:	
DATE:	

**COMPLETE THIS FORM AND ATTACH A NARRATIVE OF NO LESS THAN 250 WORDS TYPED OR HANDWRITTEN BY THE VOLUNTEER EXPLAINING THE PROJECT (S) AND HER INVOLVEMENT.**

**MAIL TO:** DEPARTMENT COMMUNITY SERVICE  
FLORENCE WASLEY, CHAIRMAN  
415 WEST CHAPEL STREET  
DODGEVILLE, WI 53533

**FORM MUST BE POSTMARKED BY MAY 1, 2009.**