

**PROGRAM: VETERANS AFFAIRS & REHABILITATION (VA&R)**

Unit Annual Narrative Report 2023-2024

Department of Wisconsin

Submit to Department Headquarters by 4/15/24 only if you participated in any of these activities:

Unit # \_\_\_\_\_ District # \_\_\_\_\_

Name/Title (of person completing form) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone: \_\_\_\_\_

**1. Unit members who volunteer at a VA Facility (Hospital or Veterans Home).**

**Their hours are recorded at the facility. Check with your Rep for totals if unknown.**

Name of VA Facility(s) where volunteer work is done \_\_\_\_\_

Exact Number of Volunteers recruited (to volunteer at VA facility):

# Non-Affiliated Volunteers \_\_\_\_\_ # Occasional Volunteers \_\_\_\_\_ # VolunTeens \_\_\_\_\_

**2. Total Number of Volunteer Hours at a VA Facility by your Unit: \_\_\_\_\_**

**3. Unit members who volunteer at a CBOC: CBOC hours are not recorded through the VA**

Location \_\_\_\_\_ #Volunteers \_\_\_\_\_ #Hours \_\_\_\_\_

**4. Question 4 refers to *Service to Veterans Volunteers*. Note your Unit hour total below. The names & hours of participants are reported separately to Department Headquarters for qualifying awards.**

**Total Number of Service to Veteran Hours for the Unit: \_\_\_\_\_**

**\*\*\*Please do not cross off a category to insert another. Note 0 if no donation was given\*\*\***

5. Amount donated to the Veterans Creative Arts Festival: \$ \_\_\_\_\_

6. Amount donated to Camp American Legion: \$ \_\_\_\_\_

7. Amount donated to Christmas Gift Shop: \$ \_\_\_\_\_

8. Amount donated to Homeless Women Veterans Grant Fund: \$ \_\_\_\_\_

9. Amount donated to Fisher House: \$ \_\_\_\_\_

10. Amount donated to VA Medical Facilities and Veterans Homes: \$ \_\_\_\_\_

11. Did your Unit remember Veterans with cards?  Yes  No

**Questions 12 & 13 require signing up with specific programs. If your Unit has not done so, check NO. List # of quilts crafted only through Quilts of Valor below. Any other should be noted elsewhere.**

12. Did your Unit participate in the Quilts of Valor?  Yes  No

If so, how many quilts were made? \_\_\_\_\_

13. Did your Unit participate in the Elizabeth Dole caregiver support foundation?  Yes  No

**Use flip side or separate sheet to list VA&R activities, events, and projects your Unit was involved in.**

**Please Complete and Return by APRIL 15, 2024 to:** American Legion Auxiliary, Dept of Wisconsin  
PO Box 140, Portage, WI 53901-0140