

PROGRAM: VA&R
Unit Annual Narrative Report 2021-2022
Department of Wisconsin

REQUIRED

Unit Number and Name _____ District _____

Unit City _____ Unit President's Name _____

Complete Address _____

Phone _____ Email _____

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 to the Service to Veterans Chairman, *Linda Coppock, N3894 Loss Road, Weyauwega WI 54983 or beatrice2554@gmail.com to add to Wisconsin's statistics & for qualifying awards. Hours accumulate from year to year.*

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 Female 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, 2022 to: American Legion Auxiliary, Dept of Wisconsin
PO Box 140, Portage, WI 53901-0140