	VETERANS OF FOREIGN WARS AND ITS AUXILIARIES – DEPT OF MASSACHUSETTS DEPARTMENT PROGRAM REPORT Reporting Period From MAY 1 st to APRIL 30 th . This Report Covers From District # Reports must be Received in Headquarters by May 10 th . Please Check Off Completed Projects and Briefly Describe Where Requested
	COMMUNITY ACTIVITIES
A.	COMMUNITY ACTIVITIES:
	Organized/Assisted in Blood Drive Organized/Assisted in a CPR Class Recycling Program
	Neighborhood/Highway Beautification 🔽 Other Community Involvement 🔽 Make a Difference Day
	Describe All:
	 Organized/Assisted in Fund Drives for March of Dimes, Muscular Dystrophy, Special Olympics, etc United States Savings Bond Promotion Other Cooperation projects Describe All:
C.	AID TO OTHERS
	Community Hospital/Nursing Home Volunteers Senior Citizens Personal or Family Tragedy/Illness Other Aid Describe All:

Page 2 – Department Program Report - Deptartment of Massachusetts

SAFETY

The Following Projects Have Been Completed:					
Pedestrian/Bicycle Safety 🔲 Drug Awareness 🔲 Recreational/Boating/Hunting Safety 🔲 Highway Safety 🔲 Home/Fire					
Fire Arm Safety/NRA Class Recognition of Firemen/Policemen/EMT Personnel Child Safety Other					
Describe All:					

AMERICANISM

🔲 Flag Presentation 🔲 Flag Raising 📄 Flag Day Program 🔲 Color Guard 🔲 Get Out The Vote Program							
🔲 Distributed Patriotic Literature 🔲 Participated in Patriotic Assembley 🔲 Conducted Flag Education Program							
🔽 Veterans Day Program 🔽 Pearl Harbor Day Program 🔽 Memorial Day Program 🔽 POW/MIA Program 🔽 Parades							
🔲 Loyalty Day Program 🔲 Hall of Flags Program 🔲 Flag Disposal Program 🔲 Other Americanism Project							
DESCRIBE ALL:							

YOUTH ACTIVITIES

Sports/Athletics Scouting/Organizations	Vouth Contest	Special Events	Education/Instruction	Vouth Recognition
Describe All:				
r				

THIS REPORT MUST BE COMPLETED TO RECEIVE CREDIT FOR THIS REPORT	COMMUNITY ACTIVITIES	SAFETY	AMERICANISM	YOUTH
Total Number of Completed Projects on this Report				
Total Numbers of Hours Spent to Complete the Projects				
Total Numbers of Post Members Involved in this Report				
Total Number of Auxiliary Members involved in this Report				
Total Miles Driven This Report				
Total Amount of Monies Spent or Donated this Report				

Report Prepared By:	Membership Number:			
Title:	Post Aux	POST #	DIST #	
	Date:			

THIS REPORT WILL NOT BE ACCEPTED WITHOUT A MEMBERSHIP NUMBER, IT WILL SERVE AS YOUR SIGNATURE FOR VERIFICATION PURPOSES