

JUNIOR ACTIVITIES REPORT 20 - 20

Please report all Junior Activities on this form.

Fill out in triplicate. Send two copies to
State Adjutant.

Keep one copy for Unit files.

Must be postmarked by:

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

Total Junior Membership _____

How many Juniors participated in activities? _____

Are you sponsoring a DAVA Junior member for the 2011-2012 national competition? _____. If yes, don't forget to send in a candidate questionnaire and attached resume.

List number of volunteer hours and describe the activities in the categories listed below. (Additional paper may be used as well as a few snapshots.)

1) VA Medical Center: _____ Hours Activities: _____

2) Hospital/Nursing Home: _____ Hours Activities: _____

3) Community Service: _____ Hours Activities: _____

4) Forget-Me-Not Drives: _____ Hours Activities: _____

5) Americanism: _____ Hours Activities: _____

6) Chapter/Unit Activities: _____ Hours Activities: _____

7) Veterans Day: _____ Hours Activities: _____

8) School/Church: _____ Hours Activities: _____

9) Miscellaneous: _____ Hours Activities: _____

_____ **Total Hours**

Submitted by:

Signature of Commander and/or Chairman