

JUNIOR ACTIVITIES REPORT 2024-2025

Please report all Junior Activities on this form.

Fill out in triplicate. Send two copies to
address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

PLEASE PRINT:

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

Total Junior Membership _____ Do you have a chartered Junior Unit? _____

How many Juniors participated in activities? _____

List number of volunteer hours and describe the activities in the categories listed below. On the reverse side, or an additional sheet of paper, please include the name of Juniors who participated in each activity.

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