

JUNIOR ACTIVITIES REPORT 2019-2020

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? _____

Are you sponsoring a DAVA Junior member for the 2019-2020 national competition? _____ If yes, don't forget to send in a junior award 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: _____ |
| <hr/> | | |
| 2) Hospital/Nursing Home: | _____ Hours | Activities: _____ |
| <hr/> | | |
| 3) Community Service: | _____ Hours | Activities: _____ |
| <hr/> | | |
| 4) Forget-Me-Not Drives: | _____ Hours | Activities: _____ |
| <hr/> | | |
| 5) Americanism: | _____ Hours | Activities: _____ |
| <hr/> | | |
| 6) Chapter/Unit Activities: | _____ Hours | Activities: _____ |
| <hr/> | | |
| 7) Veterans Day: | _____ Hours | Activities: _____ |
| <hr/> | | |
| 8) School/Church: | _____ Hours | Activities: _____ |
| <hr/> | | |
| 9) Miscellaneous: | _____ Hours | Activities: _____ |
| <hr/> | | |

_____ Total Hours

Submitted by:

Signature of Commander and/or Chairman