

**Community Service Unit Report Form**  
**American Legion Auxiliary**  
**Department of Illinois**  
**2025-2026**

**Due to District Chairman by April 20th. Due to Department Chairman by May 1<sup>st</sup>.**

**Unit Name & Number** \_\_\_\_\_ **Location** \_\_\_\_\_

**Division Number** \_\_\_\_\_ **District Number** \_\_\_\_\_ **Number of members in Unit** \_\_\_\_\_

**NOTE:** Please send a copy of this report to your District Chairman AND to the Division AND Department Chairman. For consideration of a Department Award, please use the Award Cover Sheet. Please use additional sheets to elaborate on any questions or to report additional activities. Photographs encouraged!!

**Reminder: PLEASE FILL IN ALL BLANKS. IF A NUMBER IS ASKED FOR, PLEASE GIVE A NUMBER, NOT JUST A YES OR NO.**

**Department Awards:**

**Pat's Sole Sisters Plaque** – to the Unit for the best overall participation in the Community Service Program  
**Senior Volunteer of the Year Award** – to the Senior member who volunteers the most in service to their community

**Junior Volunteer of the Year Award** – to the Junior member who volunteers the most in service to their community

**Personal Award** - \$10 to the runner up to the Pat's Sole Sisters Plaque

**Personal Award** – Division with the most Units submitting Community Service Projects Involving both Seniors and Juniors - \$10

**Personal Award** - District Chairman Organizing a Community Service Event - \$10

**Personal Award** - Division Chairman whose Units have submitted the most narratives - \$5

**Please give numbers of hours, number of volunteers/members, amount of money spent (if any), and any other details you can to each question:**

1. Did your Unit do anything to honor First Responders? \_\_\_\_\_ If so, explain.
2. What did your Unit do for church? (VBS, Sunday School, decorating, funerals, cleaning, choir, etc)
3. Did your Unit host a blood drive? \_\_\_\_\_ How many pints did your Unit members donate?
4. Did your Unit members donate to memorials? \_\_\_\_\_ If so, to what places/organizations and amounts?
5. Did your Unit donate to local food pantries? \_\_\_\_\_ Clothing drives? \_\_\_\_\_
6. How did your Unit make contact with community members and/or Unit members who live alone, in assisted living, or in nursing homes?
7. What community events did your Unit members take part in (benefits, community projects, meals, community gatherings, etc.)
8. What volunteer work do your Unit members take part in (such as volunteering at school or the local library or a nursing home, etc.)?

(Community service is making our communities better places in which to live. Just a few of the community service hours includes cancer walks, United Way, blood drives, assisting seniors, food banks, homeless shelters, youth programs, hospital and nursing home visits, community events such as Easter Egg hunts, Halloween parties and Christmas activities, volunteering at church events, poll workers, donating yarn to quilting groups – **and so many other activities.**)

**If submitting either a Junior or Senior member for Volunteer of the Year, use a separate sheet and include the hours as well as a description and details of the community service.**

Signed \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_