The American Legion Auxiliary CHILDREN & YOUTH REPORT 2017 – 2018

TO BE MAILED TO: Judy Lively 303 John Mason Court Ball Ground, GA 30107 jlively@custard.com

Due Date: May 1, 2018

1.	Did your Unit participate in any of the following National Children & Youth program objectives? (please check)
	Family Emphasis (National Family Week)
	Children's Miracle Network
	Missing Children
	April Is Children & Youth Month Observance
	Halloween SafetyFamily Support Network
	Child Safety (Drug Abuse Prevention; Teenage Suicide Prevention, etc.)
	Other (please list)
2.	How many hours of volunteer service were provided by the membership of your Unit for the children and
	youth of your community?hours.
3.	Please estimate the amount of money expended by your Unit for administrative expenses for Children and Youth overhead. (Postage, printing, seminars, travel, salaries, etc.) \$
your U	use the space below to describe in some detail specific Children & Youth activities of your Unit. (Details of nit's Children & Youth activities are important to judging reports for various Department and National
Awards	(a,b)

Please report all expenses related to your children & youth program

Section A Direct Aid	Amount of	Number Children	
Cash aid given to needy children	\$		
Value of goods given to children (reasonable estimate)	\$		
TOTAL DIRECT AID and NUMBER OF CHILDREN	\$		
Section B Contributions Made To			
American Legion Child Welfare Foundation	\$		
Children's Miracle Network	\$		
TOTAL CONTRIBUTIONS MADE	\$		
Section C Other Charitable Contributions Made For Children At	*		
Local Level	\$		
County Level	\$		
State Level	\$		
National Level	\$		
TOTAL CONTRIBUTIONS	\$		
Section D Special Programs	The Cost	Number Children	
These will Include parties, teenage dances, free movies, picnics, circus,	The Cost	Number Children	
parades, educational programs, etc.			
parades, educational programs, etc.			
TOTALS	\$		
Section E Totals			
TOTAL CONTRIBUTIONS AND COST OF	\$		
TOTAL NUMBER OF CHILDREN SERVED			
Section F COMMENTS			
Unit NameNo	Distri	ct	
Present Membership			
Person making report	Title		
Address			
DateSigned			