

American Legion Auxiliary

Children & Youth District Year-End Report 2016-2017

District # _____

Chairman or President's Name _____

Here is what our District did for our Children & Youth from 4/15/2016 – 4/15/2017:

1. How many “Star Spangled Kids” events did your District promote? _____

Total Number of Children Participating: _____

Hours Members Volunteered: _____ Dollars Spent: _____

Describe how units in your District promoted “Star Spangled Kids” : (use extra pages if required) _____

2. How did your District provide service to military children? (This must be service specifically to children of active duty military and veterans’ children. Some examples of service to military children are organizing a “You’re My Hero event, helping with service projects, providing care for a military child, adopting a military family, providing G.I. Josh Dogs, providing Klinger books and Stuffed Horse, collecting supplies and clothing for children of homeless veterans.)

Military children served: _____ # Veterans’ children served: _____

Hours Members Volunteered _____ Dollars Spent by Units: _____

Klinger books distributed: _____ # Klinger Horses distributed: _____

G.I. Josh Dogs distributed: _____ # KDH2 buttons distributed _____

Describe how your Units promoted service for military families: (use extra paper if required).

3. How did your District provide service to our Children & Youth?

Total number of children served (**ALL CHILDREN**): _____

Total # dollars spent by our Units to benefit **ALL CHILDREN**: _____

(Please **DO NOT** include money donated to Child Welfare Foundation in this amount)

Total volunteer hours by members: _____

Did your Units nominate a child for the Good Deed Award? _____

Did your Units nominate a child for the Youth Hero Award? _____

4. How did your District support the Beads of Courage Program?

Total volunteer hours by members: _____

Total dollars raised: _____ # Carry a Bead Kits sponsored: _____

How many Units in your District participated? _____

Description of how you promoted the Beads of Courage Program: (use extra paper as required): _____

**When completed, please mail this form, along with a narrative report to
Department Children & Youth Chairman by April 1, 2017.**

Mail to:

Ann King-Smith

PO Box 1012366

Palm Bay, FL 32910