

**American Legion Auxiliary**

**Children & Youth Unit Year-End Report 2016-2017**

**Unit # \_\_\_\_\_ Unit Name \_\_\_\_\_**

**Chairman or President's Name \_\_\_\_\_**

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

**1. How many “Star Spangled Kids” events did your Unit promote? \_\_\_\_\_**

Total Number of Children Participating: \_\_\_\_\_

Hours Members Volunteered: \_\_\_\_\_ Dollars Spent: \_\_\_\_\_

Describe how your unit promoted “Star Spangled Kids” : (use extra pages if required) \_\_\_\_\_

\_\_\_\_\_

**2. How did your Unit 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 Unit: \_\_\_\_\_

# Klinger books distributed: \_\_\_\_\_ # Klinger Horses distributed: \_\_\_\_\_

# G.I. Josh Dogs distributed: \_\_\_\_\_ # KDH2 buttons distributed \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Total number of children served (**ALL CHILDREN**): \_\_\_\_\_

Total # dollars spent by your Unit to benefit **ALL CHILDREN**: \_\_\_\_\_

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

Total volunteer hours by members: \_\_\_\_\_

Did your Unit nominate a child for the Good Deed Award? \_\_\_\_\_

Did your Unit nominate a child for the Youth Hero Award? \_\_\_\_\_

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

Total volunteer hours by members: \_\_\_\_\_

Total dollars raised: \_\_\_\_\_ # Carry a Bead Kits sponsored: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* When completed, please send two (2) copies to your DISTRICT CHAIRMAN , along with a year-end narrative report, no later than April 1, 2017.**

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