American Legion Auxiliary

VA&R Unit Mid-Year Report

2019-2020

Unit # ________ Unit Name __________________________________________________________

Unit Chairman’s Name ________________________________ Phone # __________________

❖ How many members participated in Caregiver Support Program? ______
❖ What activities were performed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

❖ How many members participated in Service to Veterans? ______
❖ How many hours were earned? ______
❖ What activities were performed?

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________________________________________________________________________
________________________________________________________________________

❖ Did your Unit participate or organize a Stand Down? ______
❖ What activities were performed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

❖ How many Veterans were Served? ________________

Each Unit VA&R Chairman is required to submit a Report to District VA&R Chairman by December 1, 2019