

**The American Legion Department
of Vermont
Children & Youth Post Narrative Report Form**

Post Name: _____ Post No: _____ District No: _____

Present Membership: _____ Address: _____

City: _____ State: _____ Zip: _____

1. Did your Post file a Consolidated Post Report form? Yes ___ No ___

2. Did your Post participate in any of the following National Children & Youth Program objectives?

- | | |
|--|--|
| <input type="checkbox"/> Family Emphasis
_____ Temporary Financial Assistance
_____ Family Support Network | <input type="checkbox"/> Child Safety
_____ Drug Abuse Prevention
_____ Warning Signs (Youth Suicide Prevention)
_____ Halloween Safety |
| <input type="checkbox"/> Children and Youth Month | |
| <input type="checkbox"/> Missing Children | <input type="checkbox"/> American Legion Charities
_____ American Legion Child Welfare Foundation
_____ American Legion Endowment Fund |
| <input type="checkbox"/> Temporary Financial Assistance | |

3. Estimate the number of volunteer service hours provided by the membership of your Post for the children and youth in your community. _____ hours

4. Please estimate the amount of money your Post has expended for administrative expenses for Children & Youth overhead. (Postage, printing, conferences, travel, salaries, etc..). \$ _____

5. Use the remaining space on this sheet to describe, in detail, specific Children & Youth activities promoted by your Post. (Please attach supporting articles, photos, letters, etc.). This section of the narrative is most important to your Department Children & Youth Committee in determining various awards.

Signature: _____ Date: _____

Title: _____