

The American Legion Department of Colorado

Annual Post Service Officer Report Form

Please report on your Post activities from **April 1st to March 31st.**

Please print LEGIBLY.

Once completed please return to your Department Headquarter by May 1st.

Post Name/ City		Post Commander	
Post #		District #	

1- Does your Post have a Post Service Officer (PSO)?	Yes	No
2- Number of veterans assisted by your Post Service Officer.	#	
3- Does your Post have medical equipment to loan veterans & dependents?	Yes	No
4- Does your Post have activities or programs that help homeless veterans?	Yes	No
5- Number of veterans your Post has assisted in finding employment.	#	
6- Number of veterans your Post has assisted in finding training opportunities.	#	
7- Does your Post provide military funeral honors?	Yes	No
8- To date, the number of regularly scheduled (RS) volunteers and RS hours to VA Voluntary Service (VAVS) programs within your Post.		
		# RS Volunteers
		# RS Hours
9- To date, the number of occasional volunteers and occasional hours contributed to VA Voluntary Service (VAVS) programs within your Post.		

	# Occasional Volunteers
	# Occasional Hours

10- Number of new VAVS volunteers & assignments within the last year.	#		
11- How many American Legion awards for voluntary service in the VAVS program were presented this year?	# of awards for each		
	100 hours		
	300 hours		
	1,000 hours		
	2,000 + hours		
12- Does your Post contribute to local VA Medical Center? VA Medical Center: _____ Amount contributed: \$ _____	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
13- What does your Post do to encourage and support Youth volunteers?	<u>Please give examples:</u>		
14- Does your Post have any special rehabilitation projects that regularly aid veterans and their dependents?	<u>Please give examples:</u>		
15- Did your Post make any referrals to Department Headquarters or Department Service Officer for assistance to the Department for Temporary Financial Assistance (TFA) ? How many? _____	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

16- Did your Post make any referrals to Department Headquarters or Department Service Officer for assistance for Family Support Network ? How many? _____		Yes	No
17- Please list Post funds expended in rehabilitation related activities:		<u>List:</u>	
18- Is your Post a member of your community's 'Beyond the Yellow Ribbon' program?		Yes	No
19- Who is your Count Veteran Service Officer (CVSO)?		<u>Name & County:</u>	
20- Who is the Post Service Officer at your Post?		<u>Name</u>	

Additional Comments:

Person Completing Form:

Name

Phone #

Title

Email:
