

# The American Legion Department of Minnesota

## 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 District Rehabilitation Chairman 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: \$ _____	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 <b>Temporary Financial Assistance (TFA)</b> ?  How many? _____	Yes	No	
16- Did your Post make any referrals to Department Headquarters or Department Service Officer for assistance for <b>Family Support Network</b> ?  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 &amp; County:</u>
20- Who is the Post Service Officer at your Post?	<u>Name</u>

Additional Comments:

**Person Completing Form:**

Name

Phone #

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Title

Email:

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