UNIT VA&R/SERVICE TO VETERANS REPORT FORM 2024-2025

Report Dates: November 1, 2024	□ April 1, 2025			
Unit Name:	Unit # County:			
Name of Person Reporting:				
Address:				
Phone number:	nber:Email address:			
Unit does not have a VA&R Chairman	n			
Identify the activities/projects carried out by	y your Unit			
Total hours members volunteered Total number of veterans served Total number of miles driven in pre-	Value of in-kind donations			
Total hours members volunteered	(multiply X \$33.49 hour) \$			
	presentative is sending in the attendance sheets, etc. for vity in facilities.			
Service to Our Vete	erans Outside of VA Facilities			
Total hours members volunteered	ITotal dollars spent Value of in-kind donations			
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Total number of miles driven in pro- Total hours members volunteered				
As part of your narrative report, please include	answers to the following questions: (on back of report) family members and survivors? How did the units support			

*** YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS *** 1. Our ALA Service for Veterans/Active-Duty/Reserve Military

Impact Report	Service for Veterans/Military	Obtain Total From	Total
Line 1	Total hours members volunteered		
Line 2	Total dollars spent		\$
Line 3	Total number of veterans/military assisted		
Line 4	Total number of "Veterans in Community Schools" presentations facilitated		
Line 5	Value of in-kind donations received*	Unit Records	\$

*Estimated cash value of non-cash donations from **NON-MEMBERS** of goods (like paper goods, clothing) or services (like pro-bono CPA services from a local firm)

Send report to: YOUR COUNTY VA&R CHAIRMAN Keep a copy for your records