

Annual Report

Is your Post competing for this award? Yes No (do not submit form)

POST NO: _____

CITY: _____

MEMBERSHIP: _____

(JUNE 1 to MAY 31)

(Attach separate sheet explaining activities in detail)

The Henry C. Oakey Award

Awarded annually to that Post in The American Legion, Department of Wisconsin doing the best service work and having a membership up to 199.

The James F. Burns Award

Awarded annually to that Post in The American Legion, Department of Wisconsin doing the best service work and having a membership of 200 or over.

POST SERVICE OFFICER: Name: _____ Address: _____

NOTE: If the County Service Officer is also the Post Service Officer, this report should be compiled on the basis of **Post Activity alone.**

1. No. of claims handled: _____ No. of claimants contacted: _____

2. No. of veterans hospitalized: _____ Other treatment secured: _____

3. Employment found: _____ Job training opportunities found: _____

4. Number of veterans sent to Camp American Legion: _____

5. **REHABILITATIVE EQUIPMENT:** Does your Post have the following (please check all that apply):

Hospital beds _____ Wheelchairs _____ Canes-crutches _____ Walkers _____

Oxygen Units _____ Ambulance or other Conveyance _____ Other _____

6. Did your Post conduct a "SERVICE NIGHT"? _____ CAMP AMERICAN LEGION NIGHT? _____

7. SERVICE CLINIC? _____ Other Post Activities? _____

8. No. of Military funerals conducted: _____ U.S. Government Grave Markers Ordered: _____

Give short report of Post Activities as to Grave Registration, placement of Legion markers, etc. Does your Post maintain a Grave Registration Record?

9. Senior Citizens Activities: _____

10. Report on visitation to sick Veterans at home and in hospitals: _____

(Continued)

11. Report on Post activity on Welfare Projects, such as food baskets to needy, entertainment for hospitals, or any similar projects, etc.:

Post Funds Expended: \$_____

12. Did your Post contribute to HOSPITAL CHRISTMAS FUND? _____ Amount: \$_____

13. Does your Post furnish canteen books to VA hospitalized members? _____ Amount: \$_____

14. Explain what your Post is doing to aid veterans and dependents:

15. Report cooperation with County Service Officer:

16. What did your Post do to stimulate POPPY SALES?

17. What does your Post do to acquaint veterans with Federal and State benefits due them as war veterans?

NOTE: Please use a separate sheet to expand on any item or those not covered by questions. Let us have the story of your Post activity in all phases of Service work. Attach clippings etc.

Signed: _____
(Post Service Officer)

Certified: _____
(Post Commander)

THIS IS A MUST REPORT!