American Legion Auxiliary
Department of California
VETERANS AFFAIRS & REHABILITATION

HOME SERVICE VOLUNTEER HOURS

(print another form as needed)

UNIT NAME **EAST PALO ALTO** **UNIT #** **472** **DISTRICT #** **26**

Volunteer Name _____ **Telephone Number ( )** _____

Address _____

Email _____

DATE	**ACTIVITY**	**NUMBER of HOURS**	**MILES**	**MONEY SPENT**

TOTALS _____

Volunteers should keep records of their volunteer information noted above for whatever project, event, or activity they work on. After 50 Hours of HOME Service, you are entitled to a 'Home Service Pin.' This information log will be the documentation for the chairman to prepare the application for the pin, which needs to be signed by the Unit VA&R Chairman and Unit President. Thank you.