

**American Legion Department of Vermont
Children & Youth
Post C&Y Narrative Report
DUE AT DEPARTMENT HQ 1 MAY 2010**

FROM: _____
(Post Name/Number/Location)

Department of Vermont District #: _____, Present Membership: _____

CITY/STATE/ZIP: _____

SIGNATURE: _____ DATE: _____
(Adjutant or Post C&Y Chairperson)

TO: Chairperson, Children and Youth Committee
The American Legion Department of Vermont
PO Box 396, Montpelier VT. 05601-0397

- (a). Did your Post file a Consolidated Post Report Form? _____ YES _____ NO
- (b). Did your Post participate in any of the Following National Children & Youth Program objectives?

X	Program	X	Program
	APRIL C&Y MONTH		YOUTH SUICIDE PREVENTION
	DRUG AND ALCOHOL ABUSE EDUCATION		SPECIAL OLYMPICS
	CHILDRE'S MIRACLE NETWORK		TEMPORARY FINANCIAL ASSISTANCE
	NATIONAL FAMILY WEEK/FAMILY EMPHASIS		FAMILY SUPPORT NETWORK
	CHILD SAFETY (HALLOWEEN, (PLAY IT SAFE)		OPERATION MILITARY KIDS (OMK)

- (c). Estimate the number of volunteer service hours provided by membership of your post for the Children & Youth in your community. Hours: _____
- (d). Estimate the amount of money your post expended for administrative expenses for Children & Youth overhead (postage, printing, conferences, travel, salaries, etc.).
\$ _____
- (e). Using remaining space and attached supplementary data, as necessary, to describe in detail the specific C&Y activities sponsored by your post. (REMEMBER: This section of the narrative provides data used by department to evaluate Posts for various C&Y awards presented at Convention and may contain justification for any time, money or personnel that have contributed to your Post's C&Y activities and support).