

**American Legion Auxiliary
Community Service
2010 Senior Volunteer of the Year Application**

Volunteer Name:	
Unit Name and Number:	
Address of Volunteer:	
ALA Department:	
Project(s) must include one or more of the activities emphasized in the Community Service Plan of Action:	
Number of Volunteer Hours:	
Number of People Assisted:	
Total Number of Volunteers Participating :	
Total Hours:	
Certification by Department President:	
Date:	

Complete this form and attach a narrative of 300 - 500 words typed or handwritten by the volunteer explaining the project(s) and her involvement	Mail to: Department Community Service Chairman Linda Tome 940 Alderman Road Palmyra, NY 14522-9540
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ENTRIES MUST BE POSTMARKED BY MAY 1, 2010

Write your narrative here