

**American Legion Auxiliary
Department Community Service
2011 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 Work:	
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. (Next Page)	Mail to: Department Chairman Diane Gerber, 55 Ontario Ave Staten Island, NY 10301
--	--

Form must be postmarked by May 1, 2011

Volunteer

Write a narrative of 300-500 explaining the project (s) and your involvement.