

## 2025-2026 UNIT COMMUNITY SERVICE REPORT FORM

**Reporting dates:**    **November 1, 2025**       **March 1, 2026**       **May 1, 2026**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone: \_\_\_\_\_

Unit: \_\_\_\_\_ County: \_\_\_\_\_ District: \_\_\_\_\_

\_\_\_\_\_ **Unit does not have a community Service Chairman**

Number of ALA volunteers \_\_\_\_\_ Total hours members volunteered \_\_\_\_\_

Number of community volunteers \_\_\_\_\_ Value of donations \_\_\_\_\_

Value of a volunteer hour is \$34.79 X total hours **ALA members** volunteered = \$ \_\_\_\_\_.

- What specific things did the unit do to make their community a better place to live?
- What did the unit do to mobilize community support for those who are serving our country?
- How did the unit participate in the Martin Luther King Jr. Day of Service and the 9/11 National Day of Service? Please give as many specific details as possible.
- Did the unit find new and creative ways to promote the ALA Community Service program? Please give specific examples.
- How did the unit participate in American Legion Family Day?

**Attach copies of narratives, pictures, and newspaper articles. Additional details can be provided on the back of this report or a separate page.**

**\*\*\*\*\* YOU MUST FILL IN THIS INFORMATION FOR IMPACT REPORTS \*\*\*\*\***

**4. Our Service Representing the ALA in Our Community**

Impact Report Line #	For any service not included in Sections 1-3	Obtain Total From	Total
Line 19	Total number of hours	* Hours members volunteered	
Line 20	Total dollars spent	* Value of Donations	\$

**Unit reports should be sent to your County Community Service Chairman  
Please retain a copy for your records**

