



Children & Youth Post Narrative Report Form

(PLEASE PRINT OR TYPE)

Post Name: _____ No: _____ District No: _____

Department of Georgia Present Membership: _____

City: _____ Date: _____

Signature: _____

(Post Children & Youth Chairman)

A. Did your Post file a Consolidated Post Report? Yes No

B. Did your Post participate in any of the following National Children & Youth Program objectives?

(Check Each Program Objective)

- | | |
|---|---|
| <input type="checkbox"/> April - C & Y Month | <input type="checkbox"/> Teenage Suicide Prevention |
| <input type="checkbox"/> Drug and Alcohol Abuse Education | <input type="checkbox"/> Halloween Safety |
| <input type="checkbox"/> Children's Miracle Network Hospitals | <input type="checkbox"/> Temporary Financial Assistance |
| <input type="checkbox"/> National Family Week / Family Emphasis | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child Safety (Missing Children,
Child Abuse, Play Safe) | <input type="checkbox"/> If Other, Please Specify (below) |

C. Estimate the number of volunteer service hours provided by the membership of your Post for the Children and Youth in your community. _____ Hours

D. Estimate the number of volunteer service hours provided for administrative expenses for Children & Youth administrative overhead (postage, printing, conferences, travel, salaries).

\$ _____

E. Using the remaining space on this sheet, describe in some detail, a specific Children & Youth activity promoted by your Post. (Please attach extra sheets of necessary).

REMEMBER: This section of the narrative report is most important to your Department Children & Youth Committee in determining various awards.

