

MARINE CORPS LEAGUE AUXILIARY
VOLUNTEER WORKSHEET - REHABILITATION REPORT

NAME _____ MAY 1 – APRIL 30 _____

| <u>Activity</u> | <u>Times Volunteered</u> | <u>Hours</u> | <u>Miles</u> | <u>Donation</u> |
|--|--------------------------|--------------|--------------|-----------------|
| Groceries to veterans and/or their families | _____ | _____ | _____ | \$ _____ |
| Clothing given veterans and/or their families | _____ | _____ | _____ | \$ _____ |
| Medical/Dental Care | _____ | _____ | _____ | \$ _____ |
| Fuel, rent or other utilities | _____ | _____ | _____ | \$ _____ |
| Home nursing/adult day care for veterans and/or their families in time of need (not for pleasure/profit) | _____ | _____ | _____ | \$ _____ |
| Extending hospitality (meals, lodging) to Service Men/Women in your home (non relatives) | _____ | _____ | _____ | \$ _____ |
| State Funded Veterans' Home | _____ | _____ | _____ | \$ _____ |
| Transportation furnished to veterans and/or their families at 14 cents per mile | _____ | _____ | _____ | \$ _____ |
| Care Packages to Service Men/Women (non relatives) | _____ | _____ | _____ | \$ _____ |

TOTALS:

Times Volunteered _____ Hours _____ Donations \$ _____

Miles _____ Value of Miles \$ _____ Total Value \$ _____
(miles x 14 cents) (Donations + Value of Miles)

Rehabilitation Worksheet is a guide to remind members of volunteering activities and donations encompassing our active duty Service Men / Women and our veterans, along with their families. All volunteering is for non-relatives. This is just a worksheet and is **not** to be sent to Department or National Chair.