MARINE CORPS LEAGUE AUXILIARY
VOLUNTEER WORKSHEET - REHABILITATION

NAME _____ MAY 1 – APRIL 30 _____

Activity	Times Volunteered	Hours	Miles	Donation
Groceries to Veterans and/or their families	_____	_____	_____	$_____
Clothing given to 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 active duty Service Men/Women and 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.

Rev. 08/09