



# CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

## WELF

**National Headquarters**  
 PO Box 5356  
 Astoria, NY 11105-5356  
 Telephone: (703) 549 – 3622

National Welfare Officer Report Form			For Membership Year					
For Reporting Period – check one			June 15 – December 31			January 1 – June 15		
			First Half Report Due: January 15			Second Half Report Due: June 20		
Report from Echelon – check one			Post	Chapter	Dept	Name or #		
Welfare Officer's Name								
Printed Mailing Address								
Type of Service / Program	Hrs spent - with travel	# CWV Participants	Holiday or regular day	Am't Spent or donated	Donated items value - not money			
<b>VOLUNTEER &amp; ASSISTANCE</b>								
VAVS – VA Medical Center								
VAVS – VA Outpatient Clinic								
VA Parties for patients, residents								
Care Packages								
Greeting / Sympathy Cards								
Vet Fairs, Stand Downs, Homeless								
Referrals to Service Officer								
<b>SPIRITUAL &amp; HONORS</b>								
Parish Veteran Ministry								
Eucharistic Minister								
Hospice, nursing home, sick visit								
Assist Chaplain								
Honor Guard								
Blue/Gold Ceremony								
Decorate Graves								
<b>OTHER WELFARE ACTIVITIES</b>								
Family/Military Support Groups								
Support for needy families								
Support for KIA families								
Community Service								
<b>TOTALS:</b>								

<b>Form Disposition</b> Report must go to ALL Echelons	<b>Welfare Officers - send a copy of Report to ALL higher Echelon Welfare Officers. (send one copy to each - Chapter, Department and National Welfare Officers). Follow the Reporting Requirements listed in the National Welfare Officer Program.</b>
---	--