

## CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

**National Headquarters** 

P.O.Box 5356

Astoria, NY 11105-5356 Telephone: (703) 549 - 3622

## Fax: 703-684-5196 **National Officer of the Day Report Form** For Membership Year June 16 – December 31 January 1 – June 15 For Reporting Period – check one First Half Report Due: January 15 **Second Half Report Due: June 15 Report from Echelon** – check one Post Chapter Name or No. **Dept** Officer of the Day's Name **Printed Mailing Address Activity** Number **Man Hours** Yes No Do you and your Post Officers have a Ritual Book? 1 2 Do you open and close meetings according to the Ritual? Did you have a formal Installation of Officers? Include practice hours 3 4 Does the Unit have an Installation Team? Include practice hours 5 Did the Unit have an Induction Ceremony for New Members? 6 Does the Unit have an Induction Team? Include practice hours 7 Does the Unit have a Color Guard Detail? Include practice hours 8 Does the Unit have a Drill Team? Include practice hours 9 Have you explained the makeup of the CWV meeting and "No Man's Land"? 10 Have you reviewed the US Flag Law with the members? 11 Do you review the wearing of the CWV Uniform and cap? 12 Do you render a written OD Report at meetings? Post OD's – Have you filed copies of your meeting reports with State Dept? 13 14 Post /Dept OD's – Have you filed copies of your Post's reports with Nat'l Dept? 15 As the OD – Do you have a CWV cap? 16 As the OD - Do you have a CWV Uniform - white shirt, black pants? 17 As the OD – Do you have a CWV Blazer? 18 How many meetings have you missed during the year? Activities performed by OD and Unit (fill in numbers and manhours below) **Activity** Number **Man Hours Activity** Number **Man Hours** Regular Post Meetings Other Flag Ceremonies: Little League, Boy Scouts, etc. Military Funerals Corporate Communions Veterans Day Parade Funeral Rosary or Wake Service Veterans Day Ceremony Memorial Day Mass Memorial Day Ceremony Flag Day Ceremony Officer of the Day should send a copy of this Report to ALL higher Echelon OD's. **Form Disposition:** (copy to each the Chapter, Department and National OD's). Send Report to ALL Echelons Follow the Reporting Requirements listed in the National OD Program.