If filling this report out on your computer, this form will automatically calculate your fields

Squadron Name & Number: _____ District _____

Address: _____ _____ , FL _____ Phone: (_____) _____

Current Volunteer Rate: **$33.49 per hour**

Previous Year Membership: _____ Current Year Membership: _____

Part A: Child Well-Being Foundation

(1) **DONATIONS**

a) Squadron: $_____ **b) plus members:** $ _____ **Total Donation:** $ 0

(2) List fund raising activities your Squadron participated in:

(3) Amount of time: (hours per member) _____ × $33.49 = $ 0

Part B: Special Olympics

(1) **DONATIONS**

a) Squadron: $_____ **b) plus members:** $ _____ **Total Donation:** $ 0

(2) List fund raising activities your Squadron participated in:

(3) Amount of time: (hours per member) _____ × $33.49 = $ 0

Part C: Children's Miracle Network

(1) DONATIONS

a) Squadron: $_____ **b) plus members:** $ _____ **Total Donation:** $ 0

(2) List fund raising activities your Squadron participated in:

(3) Amount of time: (hours per member) _____ × $33.49 = $ 0

Part D: Five Star/Ten Ideals Program

Recipients Name	Date	Person Testing	Awards Received

Part E: Programs Not Listed

(1) DONATIONS

a) Squadron: $_____ **b) plus members:** $ _____ **Total Donation:** $ 0_____

(2) List fund raising activities your Squadron participated in:

(3) Amount of time: (hours per member) _____ × $33.49 = $ 0_____

Part F: Totals

Total Donations All C&Y Programs:	Total All C&Y Program Hours:	Cash Value All C&Y Hours:
0	0	0

Certified By_____ **Title:** _____ **Date:** _____

Mail To: **Christian Rapp, Detachment Adjutant**
215 Greenwood Ave | Lehigh Acres, FL 33936
Alternately, you may submit this report online at www.floridasons.org/report-submission

DEADLINE: MAY 15, 2025