

CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

PHONE: (614) 221-7601 www.cwvohio.org ohiocwv@sbcglobal.net

The Department of Ohio

35 East Chestnut Street, Suite 510 Columbus, Ohio 43215-2541

	OD		Offi	Officer of the Day Program - Report Form							
Reporting Period: (check one)				April 1 - September 30 (report due October 1)					October 1 – March 30 (report due April 1)		
Report From:			Post	Name	& Number						
0	fficer of the Day'										
OD's Phone & Email			Ph:				E	:			
		ctivities	ivities			YES	NO	Hours spent	\$ Amt spent		
1	Do you and your Po	have a Ri	ive a Ritual Book?								
2	Do you Open and Close meetings according to the Ritual?										
3	Did Post have a formal Installation of Officers? <i>Include practice hours</i>										
5	Does the Post have an Induction Ceremony for New Members?										
7	Does the Unit have a Color Guard Detail? 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?										
15	Do you (OD) have a CWV cap?										
16	Do you (OD) have a CWV Uniform – white shirt, blaze, pants and tie?										
	Activity N		Numbe	r M	an Hours	Activity		Number	Man Hours		
Regular Post Meetings					Other Flag Ceremonies:						
Military Funerals											
Corporate Communions						POW-MIA Day					
Funeral or Wake Rosary						Veterans Day Parade					
Memorial Day Mass				Veterans Da			ay Ceremony				
Memorial Day Ceremony				Pearl H			Iarbor Day				
Flag Day Ceremony											
USE BACK OF PAGE FOR ADDITIONAL ACTIVITIES – if necessary											
Form Disposition (Return by deadlines above)				Send 1 copy to Department Officer of the Day				Send 1 copy to the Department Office – Mailing & email address above			

DEPT OF OHIO OFFICER PROGRAM REPORTING – Additional Activities Log For Which Officer Program: (1VC, 2VC, etc.) Post Name & No. For time period _____ Attach pictures and / or written descriptions to show a fuller picture of how your Program is administered **Category Number** # CWV Amount # People Hours **Activity Description** (from Report Form) participants assisted **Spent Spent**