

# Unit Annual Report by Council for Year: \_\_\_\_\_

as of \_\_\_\_\_

DD/MM/YYYY

**COUNCIL:**

**Unit:**

Member Name	National ID #	Member Type (*)	Course Information Type (**)	Volunteer Hours	Qualifying Service (Y/N)	Comments
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Annex D  
to StJCI 2-8-1

\* Member Type  
**APC** - Adult Patient Care  
**ATD** - Adult Therapy Dog  
**AUX** - Auxiliary

**CRU** - Crusader  
**CDT** - Cadet  
**JR.** - Junior

\*\* Abbreviate as follows:  
**SFA** - Standard First Aid  
**EFA** - Emergency First Aid  
**BTS 1, 2 or 3** - Brigade Training System