

Mail to Department Chairman:

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YOUTH ACTIVITIES

REPORT FORM 2022-2023

Online reporting at vfwauxiliaryil.org

Auxiliary # _____	District # _____	Date _____
Chairman Name _____		
Email _____		Phone _____

CREATING, SPONSORING & WORKING WITH YOUTH GROUP

- 1a. Did your Auxiliary create, sponsor or work with a **youth group** this year? Yes No
- 1b. If yes, type of youth group: _____
- 1c. Number of youth involved: # _____
- 2a. Did your Auxiliary work with and/or mentor **individual youth** this year? Yes No
- 2b. If yes, number of youth involved: # _____
3. Number of **youth** your Auxiliary recognized with a Patriotic Youth Award: # _____
4. Number of **youth groups** recognized by your Auxiliary with a Youth Groups Supporting Our Veterans Citation: # _____
- 5a. Did your Auxiliary promote and/or participate in *Patriotism through Literacy*? Yes No
- 5b. If yes, number of books donated for the *Patriotism through Literacy* program: # _____

GET EXCITED FOR THE RED, WHITE AND BLUE!

- 1a. Did your Auxiliary promote **Get Excited for the Red, White, and Blue** National Anthem Singing Contest? Yes No
- 1b. If yes, number of youth who submitted an entry to your Auxiliary: # _____
- 1c. Total dollar amount/value of awards presented by your Auxiliary to your participants: \$ _____
2. Did your Auxiliary host an awards ceremony to recognize winners and participants in this contest? Yes No

ILLUSTRATING AMERICA

- 1a. Did your Auxiliary promote the **Illustrating America** Art contest? Yes No
- 1b. If yes, number of youth who submitted an entry to your Auxiliary: # _____
- 1c. Total dollar amount/value of awards presented by your Auxiliary to your participants: \$ _____
2. Did your Auxiliary host an awards ceremony to recognize winners and participants in this contest? Yes No

GRAVES BEAUTIFICATION

1. Did your Auxiliary or an Auxiliary member participate in any **Graves Beautification**? Yes No
2. If yes, a) of graves cleaned or cared for: # _____
 b) number of participating members: # _____
 c) number of participating youth: # _____
 d) number of miles driven: # _____
3. Name(s) of Veteran on headstone(s): _____
4. Cemetery Name(s): _____
5. Cemetery City and State: _____
6. Please attach before and after pictures to this report.

BY YOUTH, FOR YOUTH

1. Was **By Youth, For Youth** discussed at your Auxiliary meeting? Yes No
- 2a. Was an event/benefit held? Yes No
- 2b. Type of event/benefit: _____
- 2c. Number of members participating: # _____
- 2d. Number of youth participating: # _____
- 2e. Total amount spent on the event/benefit: \$ _____
3. Were there any Awards given? Yes No If yes, what type of award? _____
4. Please attach any pictures taken, if any, to this report.

Statistical Data: (This section pertains only to the projects for **THIS** report and must be completed on **EVERY** report form.)

Total Number	Members	Total	Number of	Total Dollars
Projects _____	Participating _____	Hours _____	Miles _____	Spent _____

Please provide any additional information/details to the Department Chairman on another sheet of paper.