

Mail to Department Chairman:
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AUXILIARY OUTREACH
REPORT FORM 2023-2024
Online reporting at vfwauxiliaryil.org

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

1. Did your Auxiliary implement an Auxiliary Outreach Program? Yes ☐ No ☐
2. Number of Auxiliary Outreach projects completed this report: # _____
3. Please give the name(s) of the outside group(s) you partnered with: _____

4. Date project was completed. (If ongoing, please list dates and hours): _____

5. Please describe the Auxiliary Outreach projects: *(Use an additional sheet of paper, if necessary):*

6. Number of Auxiliary members who participated in Auxiliary Outreach projects: # _____
(For example, neighborhood/highway beautification, volunteering at a local food bank, etc.)
7. Number of hours volunteered by Auxiliary members for programs or projects NOT AFFILIATED with VFW or VFW Auxiliary Programs: # _____
8. Please check the type of group partnered with:
☐ First Responders ☐ Churches ☐ Towns ☐ Disaster Relief ☐ Cancer, Heart, Hospital, etc. ☐ Other (explain): _____

9. Did your Auxiliary utilize any of the Auxiliary Outreach materials/resources available in MALTA Member Resources? Yes ☐ No ☐
10. Is there anything else you would like the Department Chairman to know? _____

11. Did your Auxiliary (NOT jointly with the Post) host a blood drive? Yes ☐ No ☐
 - a. Total number of members participating: # _____
 - b. Total hours worked by members: # _____
 - c. Total miles driven by members: # _____
 - d. Total pints of blood collected: # _____

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

Total Number Projects _____	Total Members Participating _____	Total Hours _____	Number of Miles _____
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Please provide any additional information/details to the Department Chairman on another sheet of paper.