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EXTENSION & REVITALIZATION PROGRAM

REPORT FORM 2023-2024

Online reporting at vfwauxiliaryil.org

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

1. Did your Auxiliary utilize any of the Extension & Revitalization Program materials/resources available on the National VFW Auxiliary website? Yes No
2. Did your Auxiliary utilize the Department Chief of Staff for help, suggestions, or direction for Auxiliary or member issues? Yes No
3. Number of Good Job Awards presented to Auxiliary members by the Auxiliary: # _____
4. List several reasons the Good Job Awards were presented: *(Use additional sheet of paper, if needed)*

5. Did your Auxiliary find a copy of the *Building on the VFW Auxiliary Foundation Guidebook* or resource link on the Department VFW Auxiliary website? Yes No
6. How were the resources put to use in your Auxiliary? *(Use additional sheet of paper, if needed)*

7. Did your Auxiliary receive a Certificate of Good Health signed by the Department Chief of Staff? Yes No

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