AUXILIARY OUTREACH PROGRAM

2022-2023 Year End Report

Submit 2 Copies To Your District President by March 31, 2023

Auxiliary Number:  District Number: 

1. Did your **Auxiliary** utilize any of the Auxiliary Outreach materials/resources

 available on the National VFW Auxiliary Website? 

2. Did your **Auxiliary** as a group volunteer/partner with another organization not

 affiliated with the VFW or VFW Auxiliary? 

3. Number of organizations that your **Auxiliary** volunteered/partnered with during

 the year.

* + First Responders 
	+ Churches 
	+ Towns 
	+ Disaster relief 
	+ Cancer, Heart, ALS, Association, etc. 
	+ Other 

4. Number of combined member and/or **Auxiliary** hours were volunteered with

 another organization not affiliated with the VFW or VFW Auxiliary 

**MINNESOTA ONLY**

1. Did your Auxiliary make these motions? 

**Auxiliary President:** (Please Print) **Auxiliary Chairman:** (Please Print)

Name:  Name: 

Address:  Address: 

City/State/Zip Code: City/State/Zip Code:

 

Phone #:  Phone #: 

Email:  Email: 