AUXILIARY OUTREACH

2023-2024 Year End Report

Submit 2 Copies To Your District President by March 31, 2024

Auxiliary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

available in MALTA Member Resources? \_\_\_\_\_

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 \_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_