

MENTORING FOR LEADERSHIP

2020-2021 YEAR-END REPORT

Submit Two (2) Copies To Your District President by **March 31, 2021**

Auxiliary Name: _____

Auxiliary # _____ District # _____

Auxiliary Membership as of June 30, 2020 _____

Number of members fulfilling the role as mentor: New: ____ Returning: ____

Did your Auxiliary host a Mentoring for Leadership Program? ____ Yes ____ No

Did your Auxiliary use the Mentoring at VFW Auxiliary - Relationship Building for the Future materials? ____ Yes ____ No

Did your Auxiliary use the mentoring resources available at vfwauxiliary.org/resources to start and/or continue mentoring in your Auxiliary?: ____ Yes ____ No

How did your members mentor, use mentoring resources to make this a successful program for your Auxiliary? Please describe: _____

Use additional pages if necessary to complete comments.

Auxiliary President

Signed _____

Address _____

City/State/Zip _____

Phone Number _____

Auxiliary Chairman

Signed _____

Address _____

City/State/Zip _____

Phone Number _____