

# 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)**

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

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

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

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

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

**Auxiliary Chairman: (Please Print)**

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

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

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

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

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

# AMERICANISM

## 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 Americanism materials/resources available in MALTA Member Resources? \_\_\_\_\_
2. Did your **Auxiliary** promote, participate, recognize any patriotic day and/or Branch of service birthdays? \_\_\_\_\_
3. Did your **Auxiliary** distribute and/or present American Flags and/or POW/MIA Flags? \_\_\_\_\_
4. How many American Flags and/or POW/MIA Flags did your **Auxiliary** distribute or present? \_\_\_\_\_
5. How many Patriotic Appreciation Citations, Certificates of Appreciation or Respect for Flag citations did your Auxiliary present to citizens and/or Businesses in recognition of their displaying the American Flag, POW/MIA Flag and/or other displays of American pride? \_\_\_\_\_

### Minnesota Only

- How many students participated in "Thank You Veterans" picture program (Grades K-4) \_\_\_\_\_
- How many students interviewed a Veteran? (Grades 5-6) \_\_\_\_\_

### Auxiliary President: (Please Print)

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

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

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

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

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

### Auxiliary Chairman: (Please Print)

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

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

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

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

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

# "BUDDY" POPPY & VFW NATIONAL HOME FOR CHILDREN

## 2023-2024 Year End Report

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

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

### "Buddy" Poppy

1. Did your Auxiliary utilize any of the "Buddy" Poppy material/resources available in MALTA Member Resources? \_\_\_\_\_
2. Did your Auxiliary hold "Buddy" Poppy drives with your VFW Post? \_\_\_\_\_
3. Did your Auxiliary hold "Buddy" Poppy drives without your VFW Post? \_\_\_\_\_
4. Number of combined "Buddy" Poppies that were distributed. \_\_\_\_\_
5. Did your Auxiliary participate in or plan to participate in the VFW "Buddy" Poppy Display contest? \_\_\_\_\_

### VFW National Home for Children

1. Did your Auxiliary utilize any of the VFW National Home for Children materials/resources available in MALTA Member Resources? \_\_\_\_\_
2. Did your Auxiliary promote the VFW National Home for Children? \_\_\_\_\_
3. Did your Auxiliary promote the VFW National Home for Children Helpline? \_\_\_\_\_
4. Did your Auxiliary purchase at least one VFW National Home for Children Life Membership? \_\_\_\_\_
5. Did your Auxiliary purchase at least one VFW National Home for Children Tribute Brick? \_\_\_\_\_

### Auxiliary President: (Please Print)

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

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

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

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

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

### Auxiliary Chairman: (Please Print)

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

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



# HOSPITAL

## 2023-2024 Year End Report

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

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

1. How many Auxiliaries members volunteered at any VA and/or non-VA medical facility?  
(Auxiliary member to be counted one time only per year. \_\_\_\_\_)
2. Total number of hours that Auxiliary members volunteered at any VA and/or non-VA  
Medical facility. \_\_\_\_\_
3. Total number of hours that Sponsored Volunteers and/or students volunteered  
under the VFW Auxiliary sponsorship and supervision at any VA and/or  
non-VA medical facility. \_\_\_\_\_
4. Did your Auxiliary promote, participate or host any activity listed below?
  - Honors Escort \_\_\_\_\_
  - National Salute to Veteran Patients - Valentines for Veterans \_\_\_\_\_
  - Veterans Health Care (VHA) \_\_\_\_\_
  - Women Veterans Health Care Program \_\_\_\_\_
5. Did your Auxiliary promote, participate or co-host with your VFW Post any activity  
listed below?
  - Honors Escort \_\_\_\_\_
  - National Salute to Veteran Patients - Valentines for Veterans \_\_\_\_\_
  - Veterans Health Care (VHA) \_\_\_\_\_
  - Women Veterans Health Care Program \_\_\_\_\_
6. Total number of dollars spent on all Hospital Program related items and/or projects. \_\_\_\_\_

### MINNESOTA ONLY

7. Describe your best hospital project including pictures and documentation. (Example:  
Sewing, valentines, parties, or other projects) \_\_\_\_\_
8. Total number of hours spent on Hospital projects not done in a VA or other  
Hospital. (Sewing or projects done for hospitals) \_\_\_\_\_

**Auxiliary President: (Please Print)**

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

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

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

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

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

**Auxiliary Chairman: (Please Print)**

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

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

# EXTENSION & REVITALIZATION

## 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 Extension & Revitalization material/resources available in MALTA Member Resources? \_\_\_\_\_
2. Did your **Auxiliary** utilize their Department Chief of Staff for help, suggestions, and direction for Auxiliary/member issues? \_\_\_\_\_
3. Was your **Auxiliary** presented with a VFW Auxiliary Health Certificate? \_\_\_\_\_
4. Not Applicable for the Auxiliary Year End Report (# Auxiliaries Instituted)
5. Not Applicable for the Auxiliary Year End Report (# Auxiliaries Canceled)

**Auxiliary President:** (Please Print)

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

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

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

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

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

**Auxiliary Chairman:** (Please Print)

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

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

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

# MEMBERSHIP

## 2023-2024 Year End Report

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

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

1. Did your **Auxiliary** utilize any of the Membership materials/resources available in MALTA Member Resources? \_\_\_\_\_
2. Did your **Auxiliary** promote, participate, host or co-host with their VFW Post, activities regarding VFW and/or VFW Auxiliary education and Membership Recruitment? \_\_\_\_\_
3. Did your **Auxiliary** regularly educate your members on the benefits of their membership? (Example: insurance plans, travel benefits, cancer grants, hearing plans, etc.) \_\_\_\_\_
4. Did your **Auxiliary** educate your members on the National Membership Program Awards? \_\_\_\_\_
5. Did any **Auxiliary members** participate in any recruiting event on any level? \_\_\_\_\_
6. Did your **Auxiliary** recruit at least one new member? \_\_\_\_\_

**Auxiliary President: (Please Print)**

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

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

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

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

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

**Auxiliary Chairman: (Please Print)**

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

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

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# LEGISLATIVE

## 2023-2024 Year End Report

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

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

1. Did your **Auxiliary** utilize any of the Legislative material/resources available in MALTA Member Resources? \_\_\_\_\_
2. How many **Auxiliary members** subscribe to VFW's *Action Corps Weekly* E-Newsletter? \_\_\_\_\_
3. Did your **Auxiliary** promote, participate, and/or host activities regarding the VFW Priority Goals? \_\_\_\_\_
4. Did your **Auxiliary** promote, participate or co-host with your VFW Post activities regarding the VFW Priority Goals? \_\_\_\_\_
5. How many **Auxiliary members** contacted their legislators on veterans issues by any means? (Example: emails, letters, postcards, phone calls, etc.) \_\_\_\_\_
6. How many **Auxiliary members** attended events where they could interact with legislators? (Example: legislative conferences, town halls, meet-and-greets, Etc.) \_\_\_\_\_

**Auxiliary President:** (Please Print)

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

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

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

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

**Auxiliary Chairman:** (Please Print)

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

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

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



# MENTORING FOR LEADERSHIP

## 2023-2024 Year End Report

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

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

1. Did your **Auxiliary** utilize any of the Mentoring for Leadership material/resources available in MALTA Member Resources? \_\_\_\_\_
2. Did your **Auxiliary** educate your members on the National Mentoring for Leadership Program Awards? \_\_\_\_\_
3. Did your **Auxiliary** have members who stepped up to the role of mentor? \_\_\_\_\_
4. Did your **Auxiliary** hold a special recognition for their mentors? \_\_\_\_\_

**Auxiliary President: (Please Print)**

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

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

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

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

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

**Auxiliary Chairman: (Please Print)**

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

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

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



# SCHOLARSHIPS

## 2023-2024 Year End Report

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

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

### Continuing Education Scholarship Contest

1. Did your Auxiliary promote the Continuing Education Scholarship contest?  
(Example: distributed applications, publicized/promoted program, etc.) \_\_\_\_\_
2. Did your Auxiliary make a monetary donation to the Continuing Education Scholarship fund? \_\_\_\_\_

### Young American Creative Patriotic Art Contest

1. Did your Auxiliary promote the Young American Creative Patriotic Art Contest?  
(Example: distributed applications, publicized or promoted scholarship) \_\_\_\_\_
2. How many students submitted art entries to your Auxiliary for judging? \_\_\_\_\_
3. **Not applicable** to the Auxiliary Year End Report (How many entries were submitted to Department for judging) \_\_\_\_\_
4. Did your Auxiliary make a monetary donation to the Young American Creative Patriotic Art Scholarship fund? \_\_\_\_\_

### 3-Dimensional Patriotic Art Contest

1. Did your Auxiliary promote the 3-Dimensional Patriotic Art Contest?  
(Example: distributed applications, publicized or promoted scholarship) \_\_\_\_\_
2. How many students submitted art entries to your Auxiliary for judging? \_\_\_\_\_
3. **Not applicable** to Auxiliary Year End Report (How many entries submitted to Department for Judging) \_\_\_\_\_
4. Did your Auxiliary make a monetary donation to the 3-Dimensional Patriotic Art Contest Scholarship fund? \_\_\_\_\_

### VFW Scholarships

1. Did your Auxiliary assist your VFW Post in promoting or conducting the Patriot's Pen Essay Contest? \_\_\_\_\_
2. Did your Auxiliary assist your VFW Post in promoting or conducting the Voice of Democracy Audio Essay Contest? \_\_\_\_\_

### Recognition

1. Did your Auxiliary host an awards ceremony to recognize awardees and participants in any/all contests? \_\_\_\_\_
2. Total dollar amount and/or value of awards presented by your Auxiliary in any/all Contests? \_\_\_\_\_

**MINNESOTA ONLY:** In 100 words or less, briefly describe your campaign promoting the Community Education scholarship and include a photo or two.

**Auxiliary President: (Please Print)**

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

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

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

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

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

**Auxiliary Chairman: (Please Print)**

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

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

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

# VETERANS & FAMILY SUPPORT

## 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 Veterans & Family Support materials/resources available in MALTA Member Resources? \_\_\_\_\_
2. Did your **Auxiliary** promote, participate or co-host with your VFW Post activities for any VFW Program listed below?
  - Disaster Relief \_\_\_\_\_
  - Military Assistance (MAP) \_\_\_\_\_
  - National Veterans Service (NVS) \_\_\_\_\_
  - Unmet Needs \_\_\_\_\_
  - Veterans and Military Suicide Prevention and Mental Health Awareness \_\_\_\_\_
3. Did your **Auxiliary** provide direct aid to veterans, service members and/or their families? (Example: meals, transportation, cards, packages, donations, etc.) \_\_\_\_\_
4. Approximate number of veterans, service members, and/or their families assisted. \_\_\_\_\_
5. Total monetary donations and/or value of donations and goods/services provided to veterans, service members and/or their families. \_\_\_\_\_

**Auxiliary President: (Please Print)**

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

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

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

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

**Auxiliary Chairman: (Please Print)**

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

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

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

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

# YOUTH ACTIVITIES

## 2023-2024 Year End Report

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

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

1. Number of youth groups your **Auxiliary** worked with during the Program Year. \_\_\_\_\_
2. Number of youth your **Auxiliary** worked with during the Program Year. \_\_\_\_\_
3. Number of Youth Groups Supporting Our Veterans Citations did you award? \_\_\_\_\_
4. Did your **Auxiliary** participate in Patriotism through Literacy? \_\_\_\_\_
  - Number of books donated \_\_\_\_\_

### ***Get Excited for the Red, White and Blue National Anthem Singing Contest***

1. Did your **Auxiliary** promote the *Get Excited for the Red, White and Blue* National Anthem singing contest? \_\_\_\_\_
2. How many youth submitted an entry to your **Auxiliary** for judging? \_\_\_\_\_
3. Number of entries submitted to **District** for judging. \_\_\_\_\_
4. Did your **Auxiliary** host an awards ceremony to recognize awardees and participants in this contest? \_\_\_\_\_
5. Total dollar amount and/or value of awards presented by your **Auxiliary**. \_\_\_\_\_

### **Illustrating America Art Contest**

1. Did your **Auxiliary** promote Illustrating America Art Contest? \_\_\_\_\_
2. How many **students** submitted an entry to your **Auxiliary** for judging. \_\_\_\_\_
3. Number of art entries submitted to **District** for judging. \_\_\_\_\_
4. Did your **Auxiliary** host an awards ceremony to recognize awardees and participants in this contest? \_\_\_\_\_
5. Total dollar amount and/or value of awards presented by your **Auxiliary**. \_\_\_\_\_

**Auxiliary President: (Please Print)**

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

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

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

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

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

**Auxiliary Chairman: (Please Print)**

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

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

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

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

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



# HISTORIAN & MEDIA RELATIONS

## 2023-2024 Year End Report

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

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

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

### Historian

1. Did your **Auxiliary** utilize any of the Historian material/resources available in MALTA Member Resources? \_\_\_\_\_
2. Did your **Auxiliary** create a Historian's book documenting the previous year by any means? \_\_\_\_\_

### Media Relations

1. Did your **Auxiliary** utilize any of the Media Relations material/resources available in MALTA Member Resources? \_\_\_\_\_
2. Does your **Auxiliary** send a monthly or quarterly newsletter to each of the members via printed mail or email? \_\_\_\_\_
3. Do you have your own **Auxiliary** Facebook page? \_\_\_\_\_
4. Do you have your own **Auxiliary** website? \_\_\_\_\_
5. Does your **Auxiliary** have a joint Facebook page with your VFW Post? \_\_\_\_\_
6. Does your **Auxiliary** have a joint website with your VFW Post? \_\_\_\_\_
7. Did you hold a Media Relations "how to" training to educate their members?  
(Example: how to log into MALTA, email, navigate Facebook and other social media) \_\_\_\_\_

### Auxiliary President: (Please Print)

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

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

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

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

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

### Auxiliary Chairman: (Please Print)

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

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

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

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

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