

Auxiliary Outreach
Year End Report 2024-2025

Due: April 15, 2025
Send to: Tom Huffman
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245 Sunset Drive
Longview, WA 98632

Name of Auxiliary _____ Aux. # _____ District _____

Auxiliary Chairman: _____ Phone # _____

1. Describe or list out the Outreach programs your Auxiliary participated in this past year and who you participated with (attach additional pages as needed):

Note: Please use the back of this form or extra sheets to describe the details of your projects or attach any photographs from your Auxiliary Outreach Volunteer programs

2. Total number of Auxiliary members who participated in Auxiliary Outreach _____

3. Total number of hours volunteered for programs or projects NOT AFFILIATED with the VFW or Auxiliary Programs _____

****Please remember to count each person for each project. If a member worked on ten (10) projects, they are counted ten (10) times for your totals.****

Cc: District President
Auxiliary President

Signature: _____

