

Name of Auxiliary \_\_\_\_\_ Aux. # \_\_\_\_\_ District \_\_\_\_\_

Auxiliary Chairman: \_\_\_\_\_ Phone # \_\_\_\_\_

1. Did your Auxiliary implement an Auxiliary Outreach Program? Yes \_\_\_\_ No \_\_\_\_

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

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

3. Total number of Auxiliary members who participated in Auxiliary Outreach \_\_\_\_\_

4. 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.\*\***

5. Did your Auxiliary use any of the materials for Auxiliary Outreach from the national website: Yes \_\_\_\_ No \_\_\_\_

6. Did you Auxiliary turn in Community Service Reports: Yes \_\_\_\_\_ No \_\_\_\_\_

Cc: District President  
Auxiliary President

Signature: \_\_\_\_\_