

Name of Auxiliary _____ Aux. # _____ District _____

Auxiliary Chairman: _____ Phone # _____

1. Did your auxiliary utilize any of the Mentoring for Leadership materials/resources available in MALTA Member Resources. Yes ___ No ___ Which did you use _____

2. Did your auxiliary educate your members on the National Mentoring for Leadership Program Awards.
Yes _____ No _____

3. Did your auxiliary have members who stepped up to the role of mentor. Yes ___ No ___
How Many _____

4. Did your auxiliary hold a special recognition for their mentors in their Auxiliary. Yes ___ No ___
What did you do: _____

Cc: District President
Auxiliary President

Signature: _____
Printed: _____