

CHIEF OF

STAFF

November 2023



568971 MEMBERS NEEDED TO COMPLETE THE
Health Checkup for Your Auxiliary Member Questionnaire

Members are needed to complete the Health Checkup Member Questionnaire. I will have a special gift to present at the Christmas Conference for every member who completes the questionnaire.

I want to hear from you.

- Why did you join
- What programs & activities do you enjoy.
- What could be better
- What training needs to be done.

Your responses to the questionnaire will help improve our great organization. So please let me hear from you.



Be a Veteran's P.A.L.

Department of MD VFW Auxiliary Health Checkup for Your Auxiliary Member Questionnaire



ATTENTION ALL AUXILIARY PRESIDENTS—PLEASE SHARE WITH YOUR MEMBERSHIP

WE WANT TO HEAR FROM YOU OUR MEMBERS. We kindly ask that you take a few minutes and complete this brief questionnaire. After completing please return by mail, email or fax. Where to send is located on the back of the form. Thank you in advance for your time and cooperation.

Membership Number: _____ **Auxiliary Number:** _____

1) Why are you a member of the VFW Auxiliary? _____

2) Do you volunteer for, or offer financial support to, any of the twelve (12) National Programs: Veterans & Family support; Americanism; Auxiliary Outreach; “Buddy”® Poppy & VFW National Home; Extension & Revitalization; Historian & Media Relations; Hospital; Legislative; Membership; Mentoring for Leadership; Scholarships and/or Youth Activities:

YES **NO** (circle one)

3) If you answered “YES” to question #2, what do you do and why? _____

4) If you answered “NO” to question #2, please share the reason why. _____

5) Do you feel our National Programs benefit our local veterans, their families and our own members?

YES **NO** (circle one)

6) If you answered “YES”, to question #5, what do you do and why? _____

7) If you answered "NO" to question #5, please share the reason why. _____

8) Are there activities you would like to see in this Auxiliary? _____

9) Is the monthly business meeting conducted at a time that is suitable for you?
YES **NO** (circle one)

If not, what time would you like to see the meeting scheduled? _____

10) Is the monthly meeting length appropriate for the business conducted?
YES **NO** (circle one)

11) Do you have ideas on how to increase meeting attendance? _____

12) What do you feel would bring new members into our organization? _____

13) Where do you see the VFW Auxiliary ten years from now? Will you still be a part of it?

Fax, Email or Mail the completed form to:

**Jackie Kimball
Chief of Staff
State of Maryland VFW Auxiliary
1019 Queen Avenue
Salisbury, MD 21801-2008
410-219-3449—Fax
jackie.kimball@comcast.net**

YOU MAY SHARE THE COMPLETED QUESTIONNAIRE WITH WHOMEVER YOU LIKE. BUT TO ENSURE CONFIDENTIALITY SEND DIRECTLY TO ME.