



Auxiliary Outreach

2023-2024 Report Form

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Auxiliary _____ District _____ Month _____ Chairman _____

Reporting Period: From _____ To _____

TOTAL THIS REPORT - Hours _____ Mileage _____ Volunteers # _____

Did your Auxiliary utilize any of the Auxiliary Outreach material/resources available in MALTA Member Resources? Yes _____ No _____

Number of organizations your auxiliary volunteered/partnered with this reporting period.

- a. First Responders # _____
- b. Churches # _____
- c. Towns # _____
- d. Disaster relief # _____
- e. Cancer, Heart, ALS Association, etc. # _____
- f. Other _____ # _____

Volunteer programs and projects NOT AFFILIATED with VFW or VFW Auxiliary Programs:

Volunteer's Name	Group or Organization	Activity	Date of motion to accept project	Hours	Miles

Briefly describe your Auxiliary's Community Outreach involvement for this reporting period?