Auxiliary Outreach
2024 - 2025 Report Form

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Auxiliary Number _____ District ____ Month _____

Reporting Period: From_____ To_____

Chairman_____ Chairman Contact Info_____

TOTAL THIS REPORT - Hours _____ Mileage _____ # of Volunteers _____

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

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

a. First Responders #_____
b. Churches #_____
c. Towns #_____
d. Disaster Relief (not donations) #_____
e. Cancer, Heart, ALS Association, etc. #_____
f. Other _____ #_____

Don't forget to take pictures, there is a contest at the end of the year!

Volunteer's Name	Project Group or Organization Name	Activity	Date of Project	Hours	Miles

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