



Auxiliary Outreach

2025-2026 Report Form

Kathy Williams, Dept. Chairman

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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 AFFILIATED 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 _____ # _____

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: