



Auxiliary Outreach

VFW Auxiliary, Virginia

Report Form



Auxiliary: _____ District Number: _____

1. Did your Auxiliary utilized any of the Auxiliary Outreach material/resources available in MALTA Member Resources. Yes No
2. Did you're your Auxiliary volunteered/partnered with another organization not affiliated with the VFW or VFW Auxiliary. Yes No
3. Indicate the organizations your Auxiliary volunteered/partnered with during the year.
 - a. First Responders
 - b. Churches
 - c. Towns
 - d. Disaster relief
 - e. Cancer, Heart, ALS Association, etc.
 - f. Other _____
4. Number of combined member and/or Auxiliary hours volunteered with another organization not affiliated with the VFW or VFW Auxiliary. _____

Chairman: _____ Phone Number: _____

Date: _____ Email: _____

Send report to:

Auxiliary Outreach Chairman:



Robert DeChamplain
7417 Wildwood Dr
Norfolk, VA 23518-4415
(757) 239-4517



rdechamplain1@cox.net



Americanism Department of Virginia Report Form



Auxiliary: _____ District Number: _____

1. Did your Auxiliary utilize any of the Americanism material/resources available in MALTA Member Resources?
Yes No
2. Did your Auxiliary promote, participate, or recognize, any patriotic days and/or branch of service birthdays.

3. Did your Auxiliary distribute and/or present American Flags and/or POW/MIA flags. Yes No
4. Number of American Flags and/or POW/MIA flags distributed and/or presented by your Auxiliary. _____
5. Number of Patriotic Appreciation Citations, Certificate of Appreciation or Respect for the Flag Citations presented to citizens and/or businesses in recognition of their displaying the American Flag, POW/MIA flag and/or other displays of American pride. _____

Chairman signature: _____ Phone Number: _____

Date: _____ Email: _____

Send report to

Americanism/Patriotic Instructor



Karla Coker
13212 Trails End Ct
Manassas, VA 20112-5504



(571) 221-7350
kjcoker1503@gmail.com



Buddy”® Poppy

VFW National Home

VFW Auxiliary, Virginia

2023-2024 Reporting Form



Auxiliary: _____ District Number: _____

Buddy”® Poppy

1. Did your Auxiliary utilized any of the “Buddy”® Poppy material/resources available in MALTA Member Resources.
Yes No
2. Did your Auxiliary Hold a “Buddy”® Poppy drives with their VFW Post. Yes No
3. How Many “Buddy”® Poppy drives without with VFW Post did you Hold? _____
4. Number of combined “Buddy”® Poppies that were distributed. _____
5. Did your Auxiliary participate in the VFW “Buddy”® Poppy Display contest at June 2023 Convention? Yes No

VFW National Home

1. Did your Auxiliary utilized any of the VFW National Home material/resources available in MALTA Member Resources.
__Yes __ No
2. Did your Auxiliary promoted the VFW National Home. Yes No
3. Did your Auxiliary promoted the VFW National Home Helpline. Yes No
4. Did your Auxiliary purchased at least one VFW National Home Life Membership. Yes No
5. Did your Auxiliary purchased at least one VFW National Home Tribute Brick. Yes No

Chairman: _____ Phone Number: _____
Date: _____ Email: _____

Send report to:



Buddy Poppy/National Home Chairman:
Kathy Voss
804 Blue Thorn Dr
Apex, NC 27539-9106
(919) 264-783
klvjwv83@gmail.com



CHAPLAIN REPORT FORM



Jennifer Winn

952 Avatar Dr.
Va. Beach, Va. 23454



Jen.vfwa.moca@gmail.com



(757) 721-0002 (Home)
(757) 478-4526 (Cell)



The Department Chaplain sends alerts for members of our VFW and Auxiliary family who are experiencing an illness, going through a loss or may appreciate words of encouragement .

REPORT

FULL NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

DISTRICT NUMBER: _____

AUXILIARY NUMBER: _____

EMAIL: _____

DATE: _____

Report all ways that you have supported our Auxiliary Members, Veterans & their Families

Number of E-Mails/Text Sent: _____ / _____

CARDS:

Number of Calls Made: _____

Number of Get Well: _____

Number of Funeral Visitations: _____

Number of Sympathy: _____

Number of Funeral Services Attended: _____

Number of Thinking of You: _____

Number of Flowers Sent: _____

OTHER: _____

Monetary Value of Flowers Sent: _____

OTHER: _____

Monetary Value of Food Provided: _____

Number of Visits to the Sick: _____

Sign up for Chaplain Alerts [here](https://vfwauxva.org)
<https://vfwauxva.org>

Please contact me if you would like the Department to send cards to any member, for illness, words of encouragement or if there has been a death in our VFW or Auxiliary family.



Extension & Revitalization

2023-2024 Reporting Form

VFW Auxiliary, Virginia



Auxiliary: _____

District Number _____

1. Did your Auxiliary utilized any of the Extension & Revitalization material/resources available in MALTA Member Resources. Yes No
2. Did your Auxiliary utilized their Department Chief of Staff for help, suggestions and direction for Auxiliary/member issues. Yes No

Chairman: _____

Phone Number: _____

Date: _____

Email: _____

Send report to:

Extension& Revitalization Chairman:



Georgette Bannon
 4036 Georgia Rd
 Chesapeake, VA 23321-5312
 (757) 715-0202



georgettebannon@gmail.com



Historian & Media Relations

2023-2024 Reporting Form

VFW Auxiliary, Virginia



Auxiliary: _____

District Number _____

Historian

1. Did your Auxiliary that utilized any of the Historian material/resources available in MALTA Member Resources.
Yes No
2. Did your Auxiliary created a Historian’s book documenting the previous year by any means. Yes No

Media Relations

1. Did your Auxiliary utilized any of the Media Relations material/resources available in MALTA Member Resources. Yes No
2. Did your Auxiliary send a monthly or quarterly newsletter to each of their members via printed mail or email.
Yes No
3. Does your Auxiliary have their own Auxiliary Facebook page. Yes No
4. Does your Auxiliary have their own Auxiliary website. Yes No
5. Does your Auxiliary that have a joint Facebook page with their VFW Post. Yes No
6. Does your Auxiliary have a joint website with their VFW Post. Yes No
7. Did your Auxiliary hold a Media Relations “how to” training to educate their members (example: how to log in to MALTA, email, navigate Facebook and other social media.) Yes No

Chairman: _____

Phone Number: _____

Date: _____

Email: _____



Send report to:
Historian/Media Chairman:

Jamie Stewart
5194 Longbow Rd
King George, VA 22485-3168
(757) 897-5521
jamie_stewart91@icloud.com



Hospital

2023-2034 Reporting Form

VFW AUXILIARY, VIRGINIA



Auxiliary: _____ District: _____

1. Did your Auxiliary members volunteered at any VA and/or non-VA Medical facility.
(Auxiliary member to be counted one time only per year.) Yes No
2. Total number of hours that Auxiliary members volunteered at any VA and/or non-VA medical facility. Hours: _____
3. Total number of hours that Sponsored Volunteers and/or students volunteered under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility. _____
4. Did your Auxiliary that promoted, participated or hosted any activity listed below.
 - Honors Escort Yes No
 - National Salute to Veteran Patients-Valentines for Veterans Yes No
 - Veterans' Health Care (VHA) Yes No
 - Women Veterans Health Care Program Yes No
5. Did your Auxiliary promoted, participated or co-hosted with their VFW Post, any activity listed below.
 - Honors Escort Yes No
 - National Salute to Veterans Patients-Valentines for Veterans Yes No
 - Veterans' Health Care (VHA) Yes No
 - Women Veterans Health Care Program Yes No
6. Total dollar amount spent on all Hospital Program related items and/or projects. \$ _____
7. **Outstanding Auxiliary Requirement:** Did your Auxiliary make the \$0.45 per member based on the Auxiliary membership as of June 30, 2023 to the Department Treasurer and complete at least one of the above items? Yes NO

Chairman: _____

Phone Number: _____

Date: _____

Email: _____

Send report to:



Hospital Chairman:

Dinah Devins Doyle
 3449 Crimson Holly Ln
 Virginia Beach VA 23453-2802
 (757) 560-0493
n2runn1@yahoo.com





Legislative 2023-2024 Reporting Form VFW Auxiliary, Virginia



Auxiliary: _____ District Number: _____

1. Did your Auxiliary utilize any of the Legislative material/resources available in MALTA Member Resources.
Yes No
2. Number of Auxiliary members who are subscribed to VFW's *Action Corps Weekly* E-Newsletter: _____
3. Did your Auxiliary promote, participated and/or hosted activities regarding the VFW Priority Goals. Yes No
4. Did your Auxiliary promote, participated or co-hosted with their VFW Post, activities regarding the VFW Priority Goals. _____
5. Number of Auxiliary members who contacted their legislators on veteran issues by any means (example: emails, letters, postcards, phone calls, etc.) _____
6. Number of Auxiliary members who attended events where they could interact with legislators (example: legislative conferences, town halls, meet-and-greets, etc.) _____

Chairman: _____

Phone Number: _____

Date: _____

Email: _____

Send report to:



Legislative Chairman:

Beverly Abbott
130 Brookview Rd
Danville, VA 24540-3408
(434) 792-4497



desiabbott@comcast.net

Membership

2023-2024 Reporting Form

VFW Auxiliary, VA

Auxiliary: _____ District: _____

1. Did your Auxiliary utilized any of the Membership material/resources available in MALTA Member Resources. Yes No
2. Did your Auxiliary promote, participated, hosted or co-hosted with their VFW Post, activities regarding VFW and/or VFW Auxiliary education and Membership Recruitment. Yes No
3. Did your Auxiliary regularly educate their members on the benefits of their membership (Example: insurance plans, travel benefits, cancer grants, hearing plans, etc.) Yes No
4. How many times did your Auxiliary educate your members on the National Membership Program Awards. ____
5. Number of Auxiliary Members that participated in any recruiting event on any level. ____
6. Did your Auxiliary recruited at least one new member. Yes No

Chairman: _____
Date: _____

Phone Number: _____
Email: _____

Send report to:

Membership Chairman:



Georgette Bannon
4036 Georgia Rd
Chesapeake, VA 23321-5312
(757) 715-0202



georgettebannon@gmail.com



Mentoring for Leadership

2023-2024 Reporting Form
VFW Auxiliary, Virginia



Auxiliary: _____ District: _____

1. Did your Auxiliary utilized any of the Mentoring for Leadership material/resources available in MALTA Member Resources. Yes No

2. Did your Auxiliary educated 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

4. Did your Auxiliary hold a special recognition for their mentors in their Auxiliary. Yes NO

Chairman: _____

Phone Number: _____

Date: _____

Email: _____

Send report to:



Mentoring for Leadership Chairman:

Deborah Martin
539 Westwood Drive
Ruckersville, VA 22968-3676
(434) 985-7987
debva0506@gmail.com





President's Special Project



2023-2024 Reporting Form VFW Auxiliary, Virginia

Auxiliary: _____ District Number: _____

1. Did your Auxiliary promote the President's Special Project? Yes No
2. Did your Auxiliary make a Donation to the President's Special Project? Yes No

Check Number: _____ Amount: \$ _____ Date Sent to Treasurer: _____

Chairman: _____
Date: _____

Phone Number: _____
Email: _____

All monies are to be sent Directly to the Department Treasurer:



Cathy Graham.
9691 Lindenbrook St
Fairfax, VA 22031-1132
703-319-0845
cg12dc12@outlook.com

Send report to:



Special Project Chairmen:

Judy Lupole	(757) 581-2702	luvedale88@verizon.net
Fred Jennings	(757) 477-5086	fredlyj@verizon.net
	1246 Quarter Way	
	Virginia Beach VA	23464-8510



SCHOLARSHIP

VFW Auxiliary, Virginia
Reporting form for 2023-2024



DATE: _____ DISTRICT: _____ AUXILIARY #: _____

FULL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL: _____ PHONE #: _____

CONTINUING EDUCATION SCHOLARSHIP

1. Did your Auxiliary promote the Continuing Education Scholarship Contest? Yes No
(Example: distributed applications, publicized or promoted the scholarship)
2. Did your Auxiliary make a monetary donation to the Continuing Education Fund? Yes No
Amount: \$ _____

YOUNG AMERICAN CREATIVE PATRIOTIC ART CONTEST

1. Did your Auxiliary promote the Young American Creative Patriotic Art Contest? Yes No
(Example: distributed applications, publicized or promoted the scholarship)
2. How many students submitted art entries to your Auxiliary for judging? # _____
3. How many art entries were submitted to the Department for judging? # _____
4. Did your Auxiliary make a monetary donation to the Young American Creative Patriotic Art Scholarship fund? Yes No
Amount: \$ _____

3-DIMENSIONAL PATRIOTIC ART CONTEST

1. Did your Auxiliary promote the 3-Dimensional Patriotic Art Contest? Yes No
(Example: distributed applications, publicized or promoted the scholarship)
2. How many students submitted art entries for judging? # _____
3. How many art entries were submitted to the Department for judging? # _____
4. Did your Auxiliary make a donation to the 3-Dimensional Patriotic Art Contest Scholarship fund? Yes No
Amount: \$ _____

VFW SCHOLARSHIPS

1. Did your Auxiliary assist your VFW Post in promoting or conducting the Patriot's Pen Essay Contest? Yes No
2. Did your Auxiliary assist your VFW Post in promoting or conducting the Voice of Democracy Audio Essay Contest? Yes No

RECOGNITION

1. Did your Auxiliary host an Awards Ceremony to recognize awardees and Participants in any or all of the Contests? Yes No
2. What was the dollar amount and/or value of awards presented by your Auxiliary? \$ _____



Kathy Birch, 2023-2024 Scholarship Chairman
304 E Main St



Berryville, VA 22611-1306 (540) 955-3311

katbirch@comcast.net



Veterans & Family Support Program Report Form



2023-2024 Reporting Form due to the Chairman by the 10th of each month for your Auxiliary to be shown reported on the Program Tracker in Communication.

Chairman: Cynthia Cortner, 11 Halifax Ct., Sterling, VA. 20165,
C: (619)254-0014 Cindypcx2@yahoo.com

FULL NAME: _____

DATE: _____ DISTRICT: _____ AUXILIARY #: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

EMAIL: _____ PHONE: _____

1. Did your Auxiliary utilize any of the Veterans & Family Support material/resources available in MALTA Member Resources? Yes No

2. Did your Auxiliary promote, participate, host or co-host with the VFW Post activities for the VFW Veterans & Military Support Programs such as Disaster Relief, Military Assistance (MAP), National Veterans Service (NVS), Unmet Needs, Veterans & Military Suicide Prevention and Mental Health? If yes, identify program: _____ Yes No

3. Did your Auxiliary provide direct aid to veterans, service members and/or their families? (ie: meals, cards, packages, transportation, donations, etc.) Yes No

a) Total Monetary value of donations and goods/services provided...\$ _____

b) Total monetary donations provided.....\$ _____

c) Approximate number of veterans/military personnel assisted.....\$ _____

4. Did your Auxiliary promote veteran and military suicide prevention and mental health awareness? Yes No

Summary of Event: _____



Youth Activities

2023-2024 Reporting Form

VFW Auxiliary, Virginia



Auxiliary: _____

District: _____

1. Number of youth groups that Auxiliaries worked with during the Program Year. _____
2. Number of youth that Auxiliaries worked with during the Program Year. _____
3. Number of Youth Groups Supporting Our Veterans Citations awarded. _____
4. Number of Auxiliaries that participated in Patriotism through Literacy. _____
 - Number of books donated. _____

Get Excited for the Red, White and Blue! National Anthem Singing Contest.

1. Did your Auxiliary promote the *Get Excited for the Red, White and Blue!* National Anthem singing contest. Yes No
2. Number of students that submitted entries to Auxiliaries for judging.
3. Number of entries submitted to the Department for judging.
4. Did your Auxiliary host an awards ceremony to recognize awardees and participants in this contest. Yes No
5. Total dollar amount and/or value of awards presented by your Auxiliary? \$ _____

Illustrating America Art Contest

1. Did your Auxiliary promote the Illustrating America art contest. Yes No
2. Number of students that submitted art entries to Auxiliaries for judging.
3. Number of art entries submitted to the Department.
4. Did your Auxiliary host an awards ceremony to recognize awardees and participants in this contest. Yes No
5. Total dollar amount and/or value of awards presented by your Auxiliary? \$ _____.

Chairman: _____

Phone Number: _____

Date: _____

Email: _____

Send report to:



Youth Activities Chairman:

Diane Melson
 7832 James Blair Ln
 New Kent, VA 23124-2992
 (703) 314-3809
dmelsonvfw9808@aol.com





2023-2024 Outstanding Auxiliary Checklist



National By-Law Requirements:

Requirement	Date Complete
Auxiliary Installation Report entered in MALTA	
President and Treasurer Bonded by 8/31/2023	
District Dues Paid by 9/30/2023	
President, Treasurer and Secretary Annual Dues paid by 12-31-2023	

Audits Section 814 Please refer to Section for completed and remittance required dates:

QUARTER	MONTHS COVERED	DATE AUDIT COMPLETED	DATE REMITTED TO DEPARTMENT TREASURER
Second	April, May, June		
Third	July, August, September		
Fourth	October, November, December		
First	January, February, March		

Training President, Secretary and/or Treasurer attend either Department or District School of Instruction:

Officer	District	Department
President		
Secretary		
Treasurer		

Section 810A President or their Representative attend a properly called District Convention or Meetings

Meeting	Date
District Meeting 1	
District Meeting 2	
District Meeting 3	
District Convention 2023	

Membership

Percentage	Date Achieved
100%	
100+	

Monetary Donation:

Donation	Amount	Date Paid
Health and Happiness	\$0.10 per Member	
Health and Happiness	\$0.25 per Member	
Va Medical Fund	\$0.45 per Member	

Programs

Auxiliary can achieve Outstanding Auxiliary one of two ways:
Auxiliary is 100% + membership by 4-30-2024: have met all requirements and **reported in Americanism, Hospital, Veterans and Family Support, plus one other program.**

OR

Auxiliary is 100% membership by 04-30-2024: have met all requirements and **reported in ALL programs.**

Program	Date sent to Chairman
Americanism	
Auxiliary Outreach	
Buddy Poppy/National Home Extension/Revitalization	
Historian	
Hospital	
Legislative	
Membership	
Mentoring for Leadership	
Scholarship	
Veterans & Family Support	
Youth Activities	