



Auxiliary Outreach Program



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Name: _____

Phone: _____

Address: _____

Email: _____

District: _____

Date of Report: _____

Auxiliary: _____

AUXILIARY OUTREACH IS FOR PROJECTS NOT AFFILIATED WITH THE VFW OR THE VFW AUXILIARY PROGRAMS. VOLUNTEER WORK THAT IS PERFORMED FOR THE BENEFIT OF THE POST OR AUXILIARY IS NOT CONSIDERED OUTREACH SERVICE.

AUXILIARY OUTREACH PARTICIPATION

Did your Auxiliary volunteer with a non affiliated organization? Yes ____ No ____

Organization Name: _____

Volunteer Services Provided: _____

Number of members involved: _____ Number of hours volunteered: _____

Has your Auxiliary partnered with any organization? Yes ____ No ____

Organization Name: _____

Volunteer Services Provided: _____

Number of members involved: _____ Number of hours volunteered: _____

Is your Auxiliary promoting/using the ***Auxiliary Outreach QR Code***? Yes ____ No ____

Comments: _____
