



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



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