



Department of NY VFW Auxiliary

Auxiliary Outreach

Year-End Report

Must Reach Department Chairman BEFORE April 1, 2025

Auxiliary Name: _____ # _____

District # _____ **Auxiliary Chairman:** _____

1. **Did your Auxiliary as a group partner with another organization not affiliated with the VFW or VFW Auxiliary?** **Y / N**

2. **How many organizations did your Auxiliary partner with this Program year?** ____

3. **Number of combined member and/or Auxiliary hours volunteered with another organization not affiliated with the VFW or VFW Auxiliary** _____

4. **Did your Auxiliary participate in the collage contest?** **Y / N**

Auxiliary Chairman signature _____

Chairman Phone number: _____ **Email** _____