

Auxiliary Outreach Report Form

Chairman: Federico "Max" Arends IV
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Auxiliary Name: _____ Auxiliary #: _____ District #: _____
December 1, 2023 _____ April 1, 2024 _____ Year End
Membership as of June 30, 2023: _____ Membership Category: _____

- 1 Did your Auxiliary use the Auxiliary Outreach material/resources available in MALTA Member Resources. ____ yes ____ no
- 2 Number of times as a group did your Auxiliary volunteer/partner with another organization not affiliated with the VFW or VFW Auxiliary. ____
- 3 Number of organizations that 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 _____ (Please explain.)
- 4 Number of combined member and/or Auxiliary *hours* volunteered with another organization not affiliated with the VFW or VFW Auxiliary. _____ hours

Chairman: _____ Date: _____