



Program Chairman: **Chamarlyn Canzater**
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807 Isaac Street
 Columbia, SC 29203

Auxiliary Outreach Report

- | | <u>Yes</u> | <u>No</u> |
|--|---------------------|-----------|
| 1. Has the Auxiliary implemented an Auxiliary Outreach Program? | _____ | _____ |
| 2. Did your auxiliary vote on the project during an Auxiliary meeting? | _____ | _____ |
| 3. Can this project be reported under another Auxiliary Program?
(If YES, this does not qualify as Auxiliary Outreach) | _____ | _____ |
| 4. Did you utilize any of the Auxiliary Outreach material/resources available on the National VFW Auxiliary website? | _____ | _____ |
| 5. Did your auxiliary as a group volunteer/partner with another organization?
not affiliated with the VFW or VFW Auxiliary | _____ | _____ |
| 6. How many hours were volunteered? | Hours: _____ | |
| 7. Which type of organization has the Auxiliary or Auxiliary Members volunteered and/or partnered with: | | |

<u>Organization Type:</u>	<u>Organization Name:</u>	<u>Hours:</u>
First Responders (Police, Fire and EMT)		_____
Meals on Wheels		_____
Food Banks / Soup Kitchens		_____
Disaster Relief		_____
Cancer, Heart, ALS Association etc.		_____
Other		_____

If additional space is needed, please use the back of this reporting form.

8. Number of combined member and/or Auxiliary hours volunteered with another organization **not affiliated** with the VFW or VFW Auxiliary on this report.
- Total Hours:** _____

Auxiliary # _____	District # _____	Group # _____
Hours _____:	Mileage: _____	Members # _____
Chairman Name: _____		
Chairman email: _____		
Chairman Phone Number: _____		