

Health Checkup for Your Auxiliary Member Questionnaire

1. Why are you a member of the VFW Auxiliary?
2. Do you volunteer for, or offer financial support to, any of the eight National Programs: Veterans & Family Support, Americanism, Chief of Staff, Hospital, Legislative, Membership, Scholarships and/or Youth Activities?
YES NO (circle one)
3. If you answered "YES", to question #2, what do you do and why?
4. If you answered "NO" to question #2, please share the reason why.
5. Do you feel our National Programs benefit our local veterans, their families and our own members?
YES NO (circle one)
6. If you answered "YES", to question #5, what do you do and why?

7. If you answered "NO" to question #5, please share the reason why
8. Are there activities you would like to see in this Auxiliary?
9. Is the monthly business meeting conducted at a time that is suitable for you?
YES NO (circle one)
If not, what time would you like to see the meeting scheduled?
10. Is the monthly meeting length appropriate for the business conducted?
YES NO (circle one)
11. Do you have ideas on how to increase meeting attendance?
,
12. If child care was available during the meeting, do you think members would use it?
YES NO (circle one)
13. What do you feel would bring new members into our organization?
14. Where do you see the VFW Auxiliary ten years from now? Will you still be a part of it?