

Community Outreach Project

AUXILIARY 2018-2019 YEAR-END REPORT

SUBMIT TO THE DEPARTMENT HISTORIAN BY MAY 1, 2019

Auxiliary Name and Number _____	
Chairman (Please Print First and Last Name) _____	
Address _____	Email _____
City _____	State _____ ZIP _____ Phone Number _____

1. Number of Community Outreach presentations given by your Auxiliary: _____
2. Number of contacts made:
in person: _____; by phone: _____; by email: _____
3. Number of presentations given to:
Churches and faith-based groups: _____
Service-oriented groups: _____
Chambers of Commerce: _____
Local businesses: _____
Public safety departments (police, fire, EMS): _____
Clubs and service groups at local schools, colleges and universities: _____
Youth groups, including scouts and sports teams: _____
Veterans centers, CBOC's and VA medical facilities: _____
Military recruitment centers, armories and military bases: _____
4. Items used during the presentation (check all that apply):
Video: _____; PowerPoint: _____; Display boards: _____;
Handouts: _____; Other (list): _____
5. Number of members recruited from presentations given: _____
6. Did your VFW Post participate in the presentations? (check one):
Yes: _____ No: _____
7. Amount of public relations/media coverage received (i.e. number of newspaper articles, photos, mentions in other organizations' bulletins, newsletters, etc.) _____

Please describe how your Auxiliary participated in the VFW Auxiliary Community Outreach Project. Attach copies and/or photos of materials used in the presentation and of media coverage received.