

# Americanism

## 2017-2018 YEAR-END REPORT

SUBMIT TO YOUR DEPARTMENT PRESIDENT BY MAY 1, 2018

Department \_\_\_\_\_ Number of Auxiliaries Participating \_\_\_\_\_

*\*Please note that participation is not considered for any awards but it must still be tracked.*

1. Number of **Auxiliaries** that conducted special programs on patriotic holidays: \_\_\_\_\_  
(For example, Memorial Day, Veterans Day, POW/MIA Remembrance Day, etc.)
2. Number of **Auxiliaries** that participated in POW/MIA programs: \_\_\_\_\_
3. Number of POW/MIA flags presented (at least 2" x 3" or larger): \_\_\_\_\_
4. Number of American Flags presented (at least 2" x 3" or larger): \_\_\_\_\_  
(Includes, but is not limited to, schools, businesses, parades, gravesites, etc.)
5. Number of **Auxiliaries** that participated in the Smart/Maher National Citizenship Education Teacher Award: \_\_\_\_\_  
(For example, assisting the Post, taking the contest into schools or making a donation.)
6. Number of certificates presented to businesses or citizens in recognition of their displaying the U.S., POW/MIA flags or other displays of American pride: \_\_\_\_\_
7. How many **Auxiliaries** in your Department promoted Americanism through any media? \_\_\_\_\_  
(Examples: TV, radio, newspaper, Facebook)
8. Number of **Auxiliaries** that conducted patriotic education in their Auxiliary and/or community: \_\_\_\_\_
9. Number of patriotic education programs conducted by **Auxiliaries**: \_\_\_\_\_
10. Number of **Auxiliaries** that conducted a Family Freedom Festival: \_\_\_\_\_

Signed \_\_\_\_\_ Conference \_\_\_\_\_  
Department Chairman

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_



# Chief of Staff

## 2017-2018 YEAR-END REPORT

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Department \_\_\_\_\_ Number of Auxiliaries Participating \_\_\_\_\_

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1. Number of **Auxiliaries** that you used the Healthy Auxiliary Toolkit with: \_\_\_\_\_
2. Number of **Auxiliaries** that received a Certificate of Good Health: \_\_\_\_\_
3. How did you make Auxiliaries aware of the Healthy Auxiliary Toolkit?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How many times was publicity used for revitalizing or forming a VFW Auxiliary? \_\_\_\_\_  
(Examples: TV, radio, newspaper, Facebook)
5. Number of **Auxiliaries** that used the Mentoring resources available to start/continue mentoring in their Auxiliary: \_\_\_\_\_
6. Number of Auxiliaries that established a Greeting/Mentoring Committee for new or other members needing support and knowledge: \_\_\_\_\_
7. Number of presentations to bachelor Posts about starting an Auxiliary: \_\_\_\_\_

Signed \_\_\_\_\_ Conference \_\_\_\_\_  
Department Chairman  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_



# Hospital

## 2017-2018 YEAR-END REPORT

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Department \_\_\_\_\_ Number of Auxiliaries Participating \_\_\_\_\_

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1. Number of **VFW Auxiliary members** volunteering in **ALL** medical VA facilities and non-VA medical facilities:  
Number of Volunteers \_\_\_\_\_ Total Hours \_\_\_\_\_
2. Number of **NEW** volunteers recruited. Adults \_\_\_\_\_ Youth \_\_\_\_\_
3. Number of **Auxiliaries** that sponsored/conducted an event or activity in **ALL** facilities, both VA and non-VA: \_\_\_\_\_
4. Total amount spent on all Hospital projects: \$ \_\_\_\_\_
5. Number of applicants submitted to the Department for the Outstanding Hospital Volunteer of the Year Award: \_\_\_\_\_
6. Number of **Auxiliaries** that promoted Veteran and Military Suicide Awareness: \_\_\_\_\_
7. Number of **Auxiliaries** that recognized volunteers throughout the year: \_\_\_\_\_
8. How did your Department use publicity and/or media to recruit volunteers and involve the community?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Number of **Auxiliaries** that presented Hospital Volunteer Service Pins to members: \_\_\_\_\_
10. Number of **Auxiliaries** that conducted/participated in volunteer recognition events: \_\_\_\_\_
11. Number of **Auxiliaries** that participated in the Veterans Voices Writing Project: \_\_\_\_\_  
(For example, subscribing to the magazine, making a donation or volunteering with the program.)

Signed \_\_\_\_\_ Conference \_\_\_\_\_  
Department Chairman  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_



# Legislative

## 2017-2018 YEAR-END REPORT

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1. How did your **Department** promote the VFW Priority Goals?

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2. How did your **Department** encourage members to communicate with legislators on veterans' issues?

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3. How many **Auxiliary** members signed up for VFW Action Corps? \_\_\_\_\_

4. How did your **Department** communicate pending legislation and special legislative alerts?

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5. Number of contacts made by **members** personally to legislators on veterans' issues:

Personal Contacts: \_\_\_\_\_ Emails: \_\_\_\_\_ Social Media: \_\_\_\_\_

Letters: \_\_\_\_\_ Phone Calls: \_\_\_\_\_

6. Number of **members** who attended events where they could interact with legislators: \_\_\_\_\_

(Examples: town halls, meet and greets, legislative conferences)

Signed \_\_\_\_\_  
Department Chairman

Conference \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_





# Membership & Leadership

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1. Number of **Auxiliaries** that planned recruiting events: \_\_\_\_\_

2. Total number of recruiting events hosted by Auxiliaries: \_\_\_\_\_

3. How many **Auxiliaries** used the following methods to collect annual dues?

Phone Calls: \_\_\_\_\_ Emails: \_\_\_\_\_ Letters/postcards: \_\_\_\_\_

Face-to-face conversations: \_\_\_\_\_ Social Media: \_\_\_\_\_

4. How many **Auxiliaries** offered incentives to their members for renewing early? \_\_\_\_\_

5. How many **Auxiliaries** sent dues reminders/notices? \_\_\_\_\_

6. If your Department has a National Certified Recruiter Trainer (NCRT), how many training sessions did he/she give at **Department** events? \_\_\_\_\_

7. How many times did your **Department** office/representative mail or email dues notices/reminders during the year? \_\_\_\_\_

8. Did your Department offer any incentives to Auxiliaries for collecting dues early?  
If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Does your Department offer a program for Auxiliaries similar to the Circle of Excellence, such as Outstanding Auxiliary or All American? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Conference \_\_\_\_\_

Department Chairman

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_



# Scholarships

## 2017-2018 YEAR-END REPORT

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### YOUNG AMERICAN CREATIVE PATRIOTIC ART CONTEST

1. Number of **Auxiliaries** that promoted the Patriotic Art Contest: \_\_\_\_\_
2. Number of **Auxiliaries** that submitted an entry: \_\_\_\_\_
3. Number of **students** who submitted an entry to the Auxiliaries: \_\_\_\_\_
4. Number of entries judged on the Department level: \_\_\_\_\_
5. Total dollar amount awarded by \_\_\_\_\_

Auxiliary level awards: \$ \_\_\_\_\_  
Department level awards: \$ \_\_\_\_\_

### CONTINUING EDUCATION SCHOLARSHIP

1. Number of **Auxiliaries** that participated in the Continuing Education Scholarship: \_\_\_\_\_  
(For example, distributed applications, publicized/promoted program, etc.)
2. How did your Department publicize/promote the Continuing Education Scholarship?  
\_\_\_\_\_

### VOICE OF DEMOCRACY AUDIO/ESSAY CONTEST

1. Number of **Auxiliaries** that assisted their Posts in conducting the contest: \_\_\_\_\_  
Number of members involved \_\_\_\_\_ Numbers of hours volunteered \_\_\_\_\_
2. Number of **Auxiliaries** that participated without having an entry: \_\_\_\_\_

### PATRIOT'S PEN ESSAY CONTEST

1. Number of **Auxiliaries** that assisted their Posts in conducting the contest: \_\_\_\_\_  
Number of members involved \_\_\_\_\_ Numbers of hours volunteered \_\_\_\_\_
2. Number of **Auxiliaries** that participated without having an entry: \_\_\_\_\_

Number of **Auxiliaries** that publicized any of these contests within their communities: \_\_\_\_\_  
(Examples: TV, radio, newspaper, flyers, Facebook)

Number of **Auxiliaries** that hosted/co-hosted an awards ceremony to recognize awardees and participants in all these contests: \_\_\_\_\_

Signed \_\_\_\_\_ Department Chairman Conference \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_



# Veterans & Family Support

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1. Number of **Auxiliaries** that hosted/co-hosted with the VFW Post fundraising activities for National Veterans Service: \_\_\_\_\_
2. Number of **Auxiliaries** that hosted/co-hosted with the VFW Post fundraising activities for VFW Veterans and Military Support Programs: \_\_\_\_\_  
(For example, Unmet Needs, Help a Hero Scholarship, etc.)
3. Number of **Auxiliaries** that provided aid to veterans, active-duty military and/or their families? (For example, meals, transportation, cards, packages, donations, etc.) \_\_\_\_\_  
Total monetary value of donations and goods/services provided: \$ \_\_\_\_\_  
Total monetary donations provided: \$ \_\_\_\_\_  
No. of veterans/military personnel assisted: \_\_\_\_\_
4. Number of **Auxiliaries** that promoted and/or made donations to the VFW National Home **NOT** including Health & Happiness donation: \_\_\_\_\_  
Amount Donated: \$ \_\_\_\_\_
5. Number of **Auxiliaries** that promoted the Military & Veteran Family Helpline from the VFW National Home: \_\_\_\_\_
6. Number of **Auxiliaries** that promoted/used the "Buddy"<sup>®</sup> Poppy throughout the year: \_\_\_\_\_
7. Number of "Buddy"<sup>®</sup> Poppy drives that were hosted \_\_\_\_\_  
With the Post: \_\_\_\_\_  
Without the Post: \_\_\_\_\_
8. Number of **Auxiliaries** that participated in and/or sponsored events or projects for homeless veterans: \_\_\_\_\_  
(For example, Stand Downs, clothing drives, etc.)
9. Number of veterans served/assisted through all VFW and Auxiliary programs: \_\_\_\_\_
10. Number of **Auxiliaries** that promoted the Sport Clips Help a Hero Scholarship: \_\_\_\_\_
11. How many **Auxiliaries** participated and/or promoted in Military Family Month? \_\_\_\_\_

Signed \_\_\_\_\_ Conference \_\_\_\_\_  
Department Chairman  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_



# Youth Activities

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1. Number of **Auxiliaries** that participated in and/or publicized Youth Groups Supporting Our Veterans Citations: \_\_\_\_\_
  
2. Number of youth groups that Auxiliaries worked with work with during the year: \_\_\_\_\_  
 Estimated number of youth involved: \_\_\_\_\_
  
3. Number of **Auxiliaries** that promoted and/or used the Random Acts of Patriotism program? \_\_\_\_\_  
 Number of R.A.P. cards distributed: \_\_\_\_\_  
 Number of R.A.P. coins distributed: \_\_\_\_\_  
 Did your Department purchase R.A.P. coins in bulk? If so, did your Department distribute to the Auxiliaries? \_\_\_\_\_
  
4. Number of youth recognized by **Auxiliaries** for their academic, athletic, scouting or other accomplishments: \_\_\_\_\_
  
5. How many **Auxiliaries** engaged youth with the Library of Congress' Veterans History Project? \_\_\_\_\_  
 Number of youth who participated: \_\_\_\_\_  
 Number of veterans interviewed: \_\_\_\_\_

Signed \_\_\_\_\_ Conference \_\_\_\_\_  
Department Chairman

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number ( \_\_\_\_ ) \_\_\_\_\_