

**AUXILIARY YEAR-END REPORTS  
2017-2018**

**The Auxiliary Year-End Reports are due to your District President by  
March 31, 2018**

District	President	Address	City	ST	ZIP	Phone
1	Karen Warnke	26 Raasch Ranch	Zumbrota	MN	55992	507-271-7599
2	Paty Thrond	11413 720th Avenue	Emmons	MN	56029	507-318-9384
3	Kathy Brockberg	504 E Main St	Marshall	MN	56258	507-537-1229
4	Cleo Bonham	4727 White Oak Court	Eagan	MN	55122	651-895-8141
5	Twyla Bauch Scofield	59990 279th Street	Litchfield	MN	55355	320-894-4275
6	David Scofield	59990 279th Street	Litchfield	MN	55355	320-894-4246
7	Doris Anderson	13150 Lincoln St NE	Blaine	MN	55434	763-755-8273
8	Cindy Slater	1508 15th Street	Cloquet	MN	55720	218-590-4653
9	Diane Rux	50858 480th Avenue	Perham	MN	56573	218-346-5669

Year-End Reports are included for:

- Americanism
- Chief of Staff/Extension
- Hospital
- Legislative
- Membership
- MN Scholarships
- National Scholarships
- Veterans and Family Support
- Youth Activities

Complete each Report by including all activities from April 1, 2017 through March 31, 2018. Include documentation as needed. Be sure both the Auxiliary President and Chairman sign each report and include telephone numbers. Make two additional copies. Send two copies to your District President and keep one for your files.

**AMERICANISM  
AUXILIARY YEAR END REPORT  
DEPT OF MN VFWA 2017-2018**

Auxiliary Name & City \_\_\_\_\_ Aux No. \_\_\_\_\_ Dist. No. \_\_\_\_\_

Auxiliary Membership as of June 30, 2017 \_\_\_\_\_

Number of special programs or promotions to patriotism and patriotic holidays? \_\_\_\_\_  
Describe \_\_\_\_\_  
\_\_\_\_\_

Did your Auxiliary advertise, conduct or attend a POW/MIA presentation or program? \_\_\_\_\_ Describe \_\_\_\_\_  
\_\_\_\_\_

Number of POW/MIA Flags presented ( 2"x3" or larger) \_\_\_\_\_ to who? \_\_\_\_\_  
( schools, gravesites, businesses, parades, veteran facilities/sites, scouts, children or grandchildren )  
Number of American Flags presented ( 2"x3" or larger) \_\_\_\_\_ to who? \_\_\_\_\_

Did your Auxiliary participate in the Smart/Maher National Citizenship Education Teacher Award? \_\_\_\_\_  
Describe ( brochures given, taken to schools, earmarked donation to VFW) \_\_\_\_\_  
\_\_\_\_\_

Number of certificates presented to a business or citizen for displaying U.S or POW/MIA flags, or other  
Displays of American pride. \_\_\_\_\_ Describe \_\_\_\_\_

Did your Auxiliary promote Americanism through any media? \_\_\_\_\_ Describe \_\_\_\_\_  
\_\_\_\_\_

Number of Patriotic Education Programs conducted in Aux or community? \_\_\_\_\_ Describe (flag folding,  
displaying, etiquette & disposal; Aux Tradition, etc.) \_\_\_\_\_  
\_\_\_\_\_

Did your Auxiliary conduct a "Family Freedom Festival" \_\_\_\_\_ Details \_\_\_\_\_  
\_\_\_\_\_

Did your Auxiliary participate in the MN coloring or essay contests with grade K-5 students? \_\_\_\_\_  
Describe \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Auxiliary Chairman (print name)  
Phone Number \_\_\_\_\_

\_\_\_\_\_  
Auxiliary President Signature  
Phone Number \_\_\_\_\_

(Promotional documentation, photos, media are encouraged. No scrapbooks please)  
Aux Pres to turn in to your District President by March 31, 2018

Extension/Auxiliary President  
2017-2018 Year-End Report

Auxiliary # \_\_\_\_\_ District# \_\_\_\_\_

1. Did your Auxiliary use the Healthy Auxiliary Toolkit? \_\_\_\_\_
2. Did your Auxiliary receive a Certificate of Good Health? \_\_\_\_\_
3. How did your Auxiliary use the Healthy Auxiliary Toolkit?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Did your Auxiliary use publicity to revitalize your Auxiliary? \_\_\_\_\_ If yes,  
how many times? \_\_\_\_\_
5. Did your Auxiliary use the Mentoring resources available to start/continue  
mentoring in your Auxiliary? \_\_\_\_\_
6. Did your Auxiliary establish a Greeting/Mentoring Committee for new or  
other members needing support and knowledge? \_\_\_\_\_

President Signature \_\_\_\_\_  
Phone Number \_\_\_\_\_

Department of Minnesota  
VFW Auxiliary  
Hospital Program  
Auxiliary Year-End Report

Auxiliary Name \_\_\_\_\_ Auxiliary # \_\_\_\_\_ District \_\_\_\_\_

1. Number of VFW Auxiliary members volunteering in all VA and non-VA facilities:  
# Volunteers \_\_\_\_\_ # Volunteer Hours \_\_\_\_\_
2. Number of NEW volunteers recruited: Adults \_\_\_\_\_ Youth \_\_\_\_\_
3. Number of sponsored events/ activities in all medical facilities: \_\_\_\_\_
4. Total amount spent on all hospital projects: \$ \_\_\_\_\_
5. Number of applicants submitted to Department for Outstanding Hospital Volunteer of the Year Award: \_\_\_\_\_
6. Did your Auxiliary promote Military Suicide Awareness? \_\_\_\_\_
7. Did your Auxiliary recognize all types of volunteers throughout the year? \_\_\_\_\_
8. Did your Auxiliary publicize or use the media to recruit volunteers and invite the community?  
Explain:  
\_\_\_\_\_  
\_\_\_\_\_
9. Did your Auxiliary present Hospital Volunteer Service Pins to volunteers? \_\_\_\_\_
10. Did your Auxiliary conduct or participate in volunteer recognition events? \_\_\_\_\_
11. Did your Auxiliary participate in the Veterans Voices Writing Project? \_\_\_\_\_
12. Number of handmade/sewn items given to all medical facilities: \_\_\_\_\_

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\_\_\_\_\_  
Auxiliary Hospital Chairman  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Auxiliary President  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

LEGISLATIVE

2017-2018 Auxiliary Year-end Report

Department of MN

District \_\_\_\_\_ Auxiliary: \_\_\_\_\_ Auxiliary Name: \_\_\_\_\_

Auxiliary Membership as of June 30, 2017 \_\_\_\_\_

1) Did your Auxiliary promote the VFW Priority Goals \_\_\_\_ Yes \_\_\_\_ No

Describe how:

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

2) How many members subscribed to the Checkpoint Newsletter: \_\_\_\_\_

3) How many members signed up for VFW Actions Corps: \_\_\_\_\_

4) How did your Auxiliary communicate pending legislation and special alerts: \_\_\_\_\_

\_\_\_\_\_  
5) How did your Auxiliary encourage members to communicate with our legislation on Veterans issues: \_\_\_\_\_

6) Number of contacts made by members personally to legislators on Veterans Issues:

Personal Contact: \_\_\_\_\_ Emails: \_\_\_\_\_ Faxes: \_\_\_\_\_ Letters: \_\_\_\_\_

Phone Calls: \_\_\_\_\_ Cards with Pictures: \_\_\_\_\_ Thank you: \_\_\_\_\_

Aux. Chair: \_\_\_\_\_ Aux. President: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please submit promotional documents, pictures or info of Auxiliary participation!

Tracy McReynolds, 9136 Brunswick Ave N Brooklyn Park, MN 55443

[Trosbacka@yahoo.com](mailto:Trosbacka@yahoo.com)

(651)307-2619

# Membership & Leadership

2017 – 2018 Year End Report

(Submit to your District President by March 31, 2018)

Auxiliary # \_\_\_\_\_

District # \_\_\_\_\_

1. Did your Auxiliary participate in the "Minnesota Family Circle" Program? Please attach the completed "Minnesota Family Circle" form to this report. (February General Orders)

Yes / No

2. Did your Auxiliary plan at least one (1) recruiting event?

Yes / No

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

If yes, how many recruiting events were held in your Auxiliary? \_\_\_\_\_

Number of attendees at these recruiting events held in your Auxiliary. \_\_\_\_\_

3. Did your Auxiliary use the following method(s) to collect annual dues?

Yes / No

Phone Calls: \_\_\_\_\_ Emails: \_\_\_\_\_ Newsletter Reminders: \_\_\_\_\_

Letters/Postcards: \_\_\_\_\_ Personal Contact: \_\_\_\_\_

4. Did your Auxiliary offer incentives to renew annual members' dues early?

Yes / No

Please share information on your incentive(s): \_\_\_\_\_

5. Did your Auxiliary send dues notices and reminders to unpaid members?

Yes / No

6. Did your Auxiliary attend a Recruiter Trainer training session(s) with our Minnesota

Certified Recruiter Trainer (Laurie Dale) as the facilitator?

Yes / No

Date(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place(s): \_\_\_\_\_

Number attending a Minnesota Recruiter Trainer Event(s) \_\_\_\_\_

7. Did your Auxiliary attend MALTA (Membership Auxiliary Leadership Technology Access) training?

Yes / No

Date(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place(s): \_\_\_\_\_

Signed: _____ (Auxiliary Chairman)	Signed: _____ (Auxiliary President)
Email: _____	Email: _____
Telephone No.: _____	Telephone No.: _____

MINNESOTA SCHOLARSHIPS  
2017-2018  
AUXILIARY YEAR END REPORT

AUXILIARY NAME \_\_\_\_\_ AUXILIARY NUMBER \_\_\_\_\_

DISTRICT NUMBER \_\_\_\_\_ AUXILIARY MEMBERSHIP AS OF JUNE 30, 2017 \_\_\_\_\_

DID YOU AUXILIARY MAKE A DONATION TO THE MINNESOTA SCHOLARSHIP PROGRAM?

MARCELLA ARNOLD NURSING SCHOLARSHIP? \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

HOW DID YOU PROMOTE THE MINNESOTA SCHOLARSHIP PROGRAM IN YOUR COMMUNITIES?  
PLEASE PROVIDE PROMOTIONAL DOCUMENTATION, PHOTOS OR NEWSPAPER ARTICLES. **(NO  
SCRAPBOOKS PLEASE)** THE MORE CREATIVE, THE BETTER.

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DID YOUR AUXILIARY SEND ANY APPLICATIONS DIRECTLY TO THE DEPARTMENT OFFICE? \_\_\_\_\_

NUMBER OF MARCELLA ARNOLD NURSING SCHOLARSHIP APPLICATIONS \_\_\_\_\_

\_\_\_\_\_  
AUXILIARY CHAIRMAN

\_\_\_\_\_  
AUXILIARY PRESIDENT

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

**SCHOLARSHIPS**

2017-2018 AUXILIARY YEAR END REPORT

Auxiliary Name \_\_\_\_\_ Auxiliary Number \_\_\_\_\_

District Number \_\_\_\_\_ Membership as of June 30, 2017 \_\_\_\_\_

**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 Auxiliary level: \_\_\_\_\_
5. Total dollar amount awarded by: \_\_\_\_\_

Auxiliary level awards \_\_\_\_\_

How did you promote the Young American Creative Patriotic Art Contest in your community?

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**CONTINUING EDUCATION SCHOLARSHIP**

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

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**VOICE OF DEMOCRACY AUDIO/ESSAY CONTEST**

1. Number of **Auxiliaries** that assisted their Posts in conducting the contest: \_\_\_\_\_
2. Number of **Auxiliaries** that participated without having an entry: \_\_\_\_\_  
Number of members involved \_\_\_\_\_ number of hours volunteered \_\_\_\_\_  
Total dollar amount awarded by Post/Auxiliary on local level \_\_\_\_\_  
How did you promote the Voice of Democracy Contest?

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# VETERANS & FAMILY SUPPORT

2017/2018 Auxiliary Yearend Report  
Department of MN, VFW Auxiliary

District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_ Auxiliary Name \_\_\_\_\_

Auxiliary Membership as of June 30, 2017 \_\_\_\_\_

1. Did your Auxiliary host/co-host with VFW fundraising activities for *VFW National Veterans Service (NVS)*? \_\_\_\_\_ Describe: \_\_\_\_\_
2. Did your Auxiliary host/co-host with VFW fundraising activities for *VFW Veterans and Military Support Programs* (e.g., VFW "Sport Clips Help A Hero" Scholarship, Unmet Needs, Operation Uplink™, Military Assistance Program (MAP))? \_\_\_\_\_ Describe: \_\_\_\_\_
3. Did your Auxiliary provide aid to Veterans, active-duty military, and/or their families (e.g., meals, transportation, cards, packages, donations)? \_\_\_\_\_ Describe: \_\_\_\_\_

Total value of donations and goods/services provided: \_\_\_\_\_

Total number of Veterans/military personnel assisted: \_\_\_\_\_

Total monetary donations provided: \_\_\_\_\_

4. Did your Auxiliary promote and/or make donations to the *VFW National Home for Children* **NOT** including Health & Happiness donation? \_\_\_\_\_ Describe: \_\_\_\_\_

Total amount donated: \_\_\_\_\_

5. Did your Auxiliary promote the Military & Veteran Family Helpline from the *VFW National Home for Children*? \_\_\_\_\_ Describe: \_\_\_\_\_
6. Did your Auxiliary promote/use the "Buddy"® Poppy throughout the year? \_\_\_\_\_ Describe: \_\_\_\_\_
7. Did your Auxiliary host/co-host with or without VFW "Buddy"® Poppy drives? \_\_\_\_\_

Total number of drives: \_\_\_\_\_

8. Did your Auxiliary participate in and/or sponsor events or projects for homeless Veterans (e.g., Stand Downs, clothing drives)? \_\_\_\_\_ Describe: \_\_\_\_\_
9. How many Veterans were served/assisted through all VFW and VFW Auxiliary programs? \_\_\_\_\_
10. Did your Auxiliary promote the VFW "Sport Clips Help A Hero" Scholarship? \_\_\_\_\_ Describe: \_\_\_\_\_
11. Did your Auxiliary participate and/or promote Military Family Month? \_\_\_\_\_ Describe: \_\_\_\_\_

**Please submit promotional documentation of Auxiliary participation.**

\_\_\_\_\_  
Auxiliary Chairman

\_\_\_\_\_  
Auxiliary President

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

**Complete this report and send two (2) copies to your District President by March 31, 2018**

**Youth Activities  
2017 – 2018  
YEAR – END AUXILIARY REPORT**

Auxiliary Name: _____	Aux. # _____	District # _____
Auxiliary Membership as of June 30 <sup>th</sup> , 2017 _____		

1. Did your Auxiliary participate in and/or publicize Youth Groups Supporting our Veteran Citations? \_\_\_\_\_

a. How many did you hand out? \_\_\_\_\_

b. Share the types of groups they were handed out to and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How many youth groups youth did your Auxiliary work with throughout the year? \_\_\_\_\_

a. Estimated number of youth involved: \_\_\_\_\_

3. Did your Auxiliary promote and or use the Random Acts of Patriotism program? \_\_\_\_\_

a. How many R.A.P coins distributed? \_\_\_\_\_ How many R.A.P. cards distributed? \_\_\_\_\_

b. Share the occasions they were handed out and why? (i.e. fair, parade, school) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How many youth did you recognize for their academic, athletic, scouting or other accomplishments? \_\_\_\_\_

a. If so, how did you recognize them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_