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.