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? ____________
________________________________________________________________________________________