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 eleven (11) National Programs: Veterans & Family Support; Americanism; “Buddy”® Poppy/VFW National Home; Extension; Historian/Media Relations; Hospital; Legislative; Membership; Mentoring for Leadership; 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. What do you feel would bring new members into our organization? ______________________________

    ______________________________________________________________________________________

    ______________________________________________________________________________________

13. Where do you see the VFW Auxiliary ten years from now? Will you still be a part of it? __________

    ______________________________________________________________________________________

    ______________________________________________________________________________________