

Community Outreach Project

AUXILIARY 2018-2019 YEAR-END REPORT

SUBMIT TO THE DEPARTMENT HISTORIAN BY MAY 1, 2019

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| 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.) _____

