



VETERANS OF FOREIGN WARS MEN'S AUXILIARY
PROGRAM REPORTING FORM
DEPARTMENT OF COLORADO
 (Reporting year - May 1 to April 30)
2011 - 2012



Men's Aux. No: _____ City _____ District No: _____ Reporting dates: From _____ to _____

	Hrs	Cash	Projects	Miles
VETERANS & FAMILY SUPPORT				
National Military Services _____				
Participation in a "Military Support" Event _____				
Assistance to local Veterans & Families _____				
Commemorative Coins given to Military personnel _____				
Programs to help Homeless Veterans _____				
Describe Publication of Veterans & Family Support _____				
Describe promotion of Ladies Auxiliary Continuing Education Scholarship _____				
Make A Difference Day Program and Publicity _____				
Other _____				
VFW NATIONAL HOME FOR CHILDREN				
Programs / materials / promotion _____				
Donation to Colorado Home _____				
Number of Campbell labels _____				
Other _____				
BUDDY POPPY				
Number of Buddy Poppies used or given _____				
Describe uses of Buddy Poppies _____				
CANCER AID & RESEARCH				
Education on Cancer through outside sources _____				
Cancer Aid & Research Publicity _____				
Other (include Step-Up Challenge Events & Post-Doctoral Research Fellowship promo) _____				
COMMUNITY SERVICE				
Assistance to Senior Citizens _____				
Other Community Service to benefit the community and not the VFW Post _____				
AMERICANISM/CITIZENSHIP EDUCATION				
Number of flags donated at least 2 inch x 3 inch in size or larger _____				
Number of POW-MIA flags presented _____ Number of POW-MIA programs presented _____				
Number of educational patriotic programs presented to schools, youth groups, etc. _____				
Describe _____				
Describe Veterans History Project _____				
Which Conflict? _____ Number sent to Library of Congress _____				
Number of Certificates presented to Businesses or citizens _____				
Citizenship Education Teacher entries to Department _____				
Other Americanism programs, Loyalty Day, Parades, etc., presented or participated in: _____				
Describe Promotion of Americanism/Citizenship Education _____				
How did you promote Suicide Awareness Month _____				

		Hrs	Cash	Projects	Miles
VOICE OF DEMOCRACY	Number of entries _____ Awards _____				
PATRIOT'S PEN	Number of entries _____ Awards _____				
How did you Publicize _____					
Recognize ALL who participated _____					
YOUTH ACTIVITIES					
Youth Safety, Just Say No	Number of entries _____				
Outstanding Young Volunteer	_____				
Young American Creative Patriotic Art	Number of entries _____				
Boy Scout Programs / Awards	Number of participants _____				
Girl Scout Programs / Awards	Number of participants _____				
ROTC Programs / Awards	Number of participants _____				
Other _____	_____				
JR. GIRLS					
Buddy Poppies donated to Jr. Girls Unit _____					
Cash Donations to Jr. Girls Unit (thru State Treasurer) _____					
Donation to Jr. Girls Scholarship Fund _____					
Auxiliary Donation to Jr Girls Units _____					
LEGISLATIVE					
Number of calls _____ #letters _____ #e-mail _____ #visits _____ #faxes _____					
Congressional meetings, programs held to promote, # in attendance _____					
Did your Auxiliary educate on the Legislative Process _____					
Describe Priority Goals Promotion _____					
FISHER HOUSE Fund Raising / Education _____					
Other _____					
HOSPITAL & NURSING HOMES (identify VA Hospitals, Nursing Homes, Local Hospitals, Out Patient Clinics)					
Participation in Hospitalized Veterans writing program _____					
Aid to VA Hospitals _____	No. of volunteers _____				
Aid to State Veterans Nursing Homes/Local Hospitals & Nursing Homes _____					
Pints of Blood Donations (\$69.00 x No.) _____					
Hospital Visits/Cards/Flowers/ Cards to Veterans _____					
Donation of items _____					
Donation of services _____					
Sponsored Non-Member Volunteers _____					
New Volunteers Recruited _____ Regular _____ Occasional _____ Youth _____					
Youth Groups, Schools or other organizations participating in making cards, gifts & visits _____					
Other _____					

PROGRAMS (exclude Hospital/Nursing Homes)

- Total Program hours _____
(Auxiliary)
- CASH used** to complete Program projects \$ _____
(Auxiliary)
- Program completed projects _____
(Auxiliary)
- Program miles @ \$ 0.14 a mile donated \$ _____
(Auxiliary)

*****HOSPITAL & NURSING HOMES*****

- Total Hospital hours _____
(Auxiliary)
- CASH used** to complete Hospital projects \$ _____
(Auxiliary)
- Hospital completed projects _____
(Auxiliary)
- Hospital miles @ \$0.14 a mile donated \$ _____
(Auxiliary)

Mail to: Dept. Headquarters
1400 Carr Street
Lakewood, CO 80214

PREPARED BY: _____
MEN'S AUX. NO. _____ DIST. NO. _____