



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. _____