



**DEPARTMENT OF PENNSYLVANIA  
VETERANS OF FOREIGN WARS  
AUXILIARY  
2024-2025 MONTHLY REPORT FORM**

AUXILIARY \_\_\_\_\_ DISTRICT \_\_\_\_\_ DATE \_\_\_\_\_

**AUXILIARY OUTREACH PROGRAM**  
*Auxiliary Members Volunteer Time with Another Organization  
with Projects/Programs to Benefit the Community*

RECORD:	ACTIVITY WITH NAME of ORGANIZATION	HOURS SPENT	NO. of PARTICIPATING AUX. MEMBERS
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**A. FIRST RESPONDERS – POLICE / FIRE / EMT – INCLUDE NAME OF ORGANIZATION AND ACTIVITY**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

**YOUTH / EDUCATION - INCLUDE NAME OF ORGANIZATION AND ACTIVITY**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

**B. SENIOR CITIZENS / THOSE WITH DISABILITIES - INCLUDE NAME OF ORGANIZATION AND ACTIVITY**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

**C. HELP THE HUNGRY AND/OR HOMELESS - INCLUDE NAME OF ORGANIZATION AND ACTIVITY**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |