



**DEPARTMENT OF PENNSYLVANIA
VETERANS OF FOREIGN WARS
AUXILIARY
2025-2026 QUARTERLY 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 |
|---------|---------------------------------------|----------------|--------------------------------------|
|---------|---------------------------------------|----------------|--------------------------------------|

A. FIRST RESPONDERS – POLICE / FIRE / EMT – INCLUDE NAME OF ORGANIZATION AND ACTIVITY

| | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

B. YOUTH / EDUCATION - INCLUDE NAME OF ORGANIZATION AND ACTIVITY

| | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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

| | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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

| | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

E. OTHER ORGANIZATIONS - INCLUDE NAME OF ORGANIZATION AND ACTIVITY

| | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |