



**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
---------	---------------------------------------	----------------	--------------------------------------

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. | _____ | _____ | _____ |

AUXILIARY OUTREACH PROGRAM

Auxiliary Members Volunteer Time with Another Organization with Activities to Benefit the Community

RECORD:	ACTIVITY WITH NAME of ORGANIZATION	HOURS SPENT	NO. of PARTICIPATING AUX. MEMBERS
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D. ANIMALS / THE ENVIRONMENT - INCLUDE NAME OF ORGANIZATION AND ACTIVITY

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

E. HEALTH / RESEARCH - INCLUDE NAME OF ORGANIZATION AND ACTIVITY

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

TOTAL HOURS _____

TOTAL NO. OF PARTICIPATING MEMBERS _____

Attach additional descriptions and/or photos

ONLY RECORD HOURS SPENT / AUX. MEMBERS PARTICIPATING WITH ORGANIZATIONS

PROJECTS/PROGRAMS NOT AFFILIATED WITH THE VFW OR VFW AUX. PROGRAMS

Do NOT report activities such as "BUDDY" ® POPPY distribution or repairs/maintenance to Post home, cooking/serving meals at/for a Post or Auxiliary Fundraiser, VFW or Auxiliary meetings or conventions, or church activities that do not benefit the community.

PREPARED BY _____ DATE _____

TITLE _____ DISTRICT # _____ AUXILIARY # _____

PHONE NUMBER _____ EMAIL ADDRESS _____

MAIL TO: Jency Mercado
 VFW Auxiliary Outreach Chairman
 PO Box 624
 Hyde, PA 16843
 Phone: (814) 496-1712 E-Mail: jencyvfw@gmail.com

REPORT MONTHLY APRIL 1, 2024 TO MARCH 31, 2025

MAIL THIS FORM TO THE VFW AUXILIARY COMMUNITY OUTREACH CHAIRMAN
DO NOT MAIL TO DEPARTMENT HEADQUARTERS