

AUXILIARY OUTREACH PROGRAM

COVERING THE PERIOD OF DECEMBER 1, 2025 THROUGH MARCH 31, 2026

Must be RECEIVED by the Dept. Chairman by 4/15/26

Mail to Bonnie Folino, Chairman, 3 Iroquois Dr., N. Adams, MA 01247

whitneychick33@gmail.com

Assistance: 413-242-4563

Auxiliary No.	Location	District No.	Division
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1. Describe how your Auxiliary instructed use of QR code and utilized any of the Auxiliary Outreach material/resources available in MALTA Member Resources.

2. How did your Auxiliary volunteer or partner with another organization during the year? (i.e., First Responders / Churches / Towns / Disaster Relief / Cancer, Heart, ALS Association, etc.)

3. List organizations your Auxiliary partnered with during the year

4. Number of hours volunteered for programs or projects NOT AFFILIATED with VFW or VFW Auxiliary Programs.

5. Submit a photo collage of your Outreach program. (social media posts, media coverage, newsletter articles, photos of the activities)

Attach extra sheets for additional information if necessary.

Contact Name _____

Phone _____ Email _____