

AUXILIARY OUTREACH PROGRAM

COVERING THE PERIOD OF APRIL 1, 2025 THROUGH NOVEMBER 30, 2025

Must be RECEIVED by the Dept. Chairman by December 31, 2025

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

whitneychick33@gmail.com Assistance: 413-242-4563

<u>Auxiliary No.</u>	<u>Location</u>	<u>District No.</u>	<u>Division</u>
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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 _____