

**Washington State
AUXILIARY OFFICIAL VISIT REPORT FORM**

Date of Official Visit: _____ **Aux. No.** _____ **District No.** _____

Location: _____

(Address) (City) (State & Zip)

1. Has the office of President, Secretary or Treasurer changed since installation? Has the change been reported to Department and National Headquarters? _____

2. Does this Auxiliary hold a monthly business meeting? [] Yes [] No

Did the Auxiliary have a quorum each month? [] Yes [] No

3. Average attendance at monthly business meetings (check the minutes) _____

4. Are the Department General Orders read when received? [] Yes [] No

Bonding:

5. Are the Offices of President and Treasurer bonded? [] Yes [] No By whom? _____

_____ Date of Bond _____

PERTAINING TO THE OFFICE OF SECRETARY:

6. Are the Secretary's books kept according to the Booklet of Instructions? Yes/No _____

7. Is the Treasurer's Detailed report incorporated in the Secretary's minute book? Yes/No _____

8. Is the audit report incorporated in the Secretary's minute book? Yes/No _____

9. Are the books of the Secretary audited according to the Bylaws? Yes/No _____

PERTAINING TO THE OFFICE OF TREASURER/TRUSTEE:

10. Are the Treasurer's books kept according to the Booklet of Instructions? Yes/No _____

11. Date of the last Audit _____

12. Are all funds audited: (I.e. Kitchen, Bingo, etc.)? Yes/No _____

13. Are all books signed by the Trustees performing the audit? Yes/No _____

14. Are the audits signed by the Trustees performing the audits? Yes/No _____

15. Does the Treasurer read her report as a part of the Order of Business? Yes/No _____

16. Is the quarterly audit read by the Trustees and acted upon at the meeting? Yes/No _____

PERTAINING TO THE APPOINTMENT OF CHAIRMEN;

17. Have Chairmen been appointed to correspond with National and Department Programs?

Yes/No _____

18. How does this Auxiliary participate in the programs? _____

Do you consider this Auxiliary to be in good working order? Yes/No _____ Needs

Help _____

Your Comments, Matters of Concern, Etc: _____

What are the strengths of this Auxiliary? _____

What are the Auxiliary's weaknesses? _____

Does this Auxiliary need a follow up visit? Yes/No _____

Please give honest, unbiased answers to the above questions. You may use the back or an additional sheet if necessary.

Instructions to District President/Visiting Officer: (1) Please be sure to sign both the books of the Secretary and the Treasurer indicating the date you inspected and your initials. (2) A copy of the Auxiliary Visit Form is given to the Auxiliary President at the time of your visit. (3) A copy of the Auxiliary Visit Form is also sent to the Department Headquarters within 5 days of the visit, and (4) You keep a copy for your files.

Signature of District President/Visiting Officer

Signature of Auxiliary President

Send to Department Headquarters
5213 Pacific Hwy East
Fife, WA 98424
Fax: 253-922-2208
Scan and email to vfwauxwa.deptsectry@gmail.com