



## Health Checkup for Your Auxiliary Member Questionnaire

1. Why are you a member of the VFW Auxiliary? \_\_\_\_\_

\_\_\_\_\_

2. Do you volunteer for, or offer financial support to, any of the eight National Programs: Veterans & Family Support, Americanism, Chief of Staff, Hospital, Legislative, Membership, Scholarships and/or Youth Activities?

**YES**      **NO**      (circle one)

3. If you answered "YES", to question #2, what do you do and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If you answered "NO" to question #2, please share the reason why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you feel our National Programs benefit our local veterans, their families and our own members?

**YES**      **NO**      (circle one)

6. If you answered "YES", to question #5, what do you do and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If you answered "NO" to question #5, please share the reason why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are there activities you would like to see in this Auxiliary? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is the monthly business meeting conducted at a time that is suitable for you?

**YES**      **NO**      (circle one)

If not, what time would you like to see the meeting scheduled? \_\_\_\_\_

10. Is the monthly meeting length appropriate for the business conducted?

**YES**      **NO**      (circle one)

11. Do you have ideas on how to increase meeting attendance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. If child care was available during the meeting, do you think members would use it?

**YES**      **NO**      (circle one)

13. What do you feel would bring new members into our organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Where do you see the VFW Auxiliary ten years from now? Will you still be a part of it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_