

2018 LORA WATERS AUXILIARY PRESIDENT OF THE YEAR AWARD

REPORT MUST BE
RECEIVED BY May 1, 2019

Send To: Jennifer Viestenz e-mail:foolsjay@msn.com
see roster for address

Auxiliary Name: _____ Auxiliary # _____ District # _____

Auxiliary President: _____

1. Did your auxiliary reach 100% in membership by April 30, 2019? Yes _____ No _____
2. Was the warrant and installation report completed properly and forwarded to the National and Department Secretary by the deadlines? Yes _____ No _____
3. Does your Auxiliary have an EIN NUMBER? Yes _____ No _____ Does Department have it on file Yes _____ No _____.
4. Did your Auxiliary submit the required 990-N (e-post card) to the IRS by November 15, 2018? Yes _____ No _____. Was a copy of your 990-N confirmation sent to Department Treasurer? Yes _____ No _____
5. Were your quarterly audits sent to the Department Treasurer per National Bylaws? (This will be verified by the Department Treasurer) Yes _____ No _____
6. Number of District Meetings held in your District _____ How Many did you attend? _____
7. Did you attend School of Instruction? Yes _____ No _____ If No, please indicate the name of your representative _____.
8. Did you attend Mid-Winter Conference? Yes _____ No _____ If No, please indicate the name of your representative _____.
9. Were all year-end reports submitted to the Department Program Chairman, and a copy sent to your District President and received on time? Yes _____ No _____
10. Did your Auxiliary purchase Department President's Pins? Yes _____ No _____
11. Did your Auxiliary participate in Department Ways & Means fundraisers? Yes _____ No _____
12. Did your Auxiliary utilize Online Academies? Yes _____ No _____
13. Did your Auxiliary support the National Presidents Special Project? Yes _____ No _____
Department Presidents Special Project? Yes _____ No _____

Programs

A. Americanism/Patriotic Instruction: Did your Auxiliary Participate in the Family Freedom Festival _____, POW/MIA Event _____, Flag Retirement _____ Promote Patriotic Holidays _____ American Flags handed out # _____

B. Extension /Chief of Staff: Did you complete the Healthy Auxiliary Check List and submit to Department Chief of Staff? Yes _____ No _____.

C. Hospital: Did your Auxiliary donate to Hospital Fund? (\$3.00 per-Member) Yes _____ No _____
(This money is used to take care of our Veterans in Washington VA & Hospitals)

Did your Auxiliary promote Suicide Awareness? Yes _____ No _____

Did your Auxiliary submit applicant to Department for Outstanding Hospital Volunteer of the Year Award? Yes _____ No _____ or Home Hospital Pin Award for Auxiliary Members? Yes _____ No _____

D. Legislative: Did your Auxiliary promote subscription to Checkpoint Newsletter? Yes _____ No _____

Did your Auxiliary promote VFW Priority Goals? Yes _____ No _____

E. Membership: Did you hold a Recruiting Event. Yes _____ No _____

F. Publicity: Did your Auxiliary utilize Department Facebook Page? Yes _____ No _____

G. Buddy Poppy/National Home: Did your Auxiliary send a donation to National Home for Health and Happiness? Yes _____ No _____ (.10 cents per member)? Yes _____ No _____

Did your Auxiliary have a Buddy Poppy Drive? Yes _____ No _____

H. Scholarship: Did your Auxiliary help with the Scholarship Programs? Yes _____ No _____

Did your Auxiliary donate to the Young American Creative Patriotic Art fund to Department?

Yes _____ No _____. Did your Auxiliary Participate in the State Youth Essay program? Yes _____ No _____

I. Veterans and Family Support: Did your Auxiliary hold events to support any of the following? Veterans and Military Support programs _____(ex: Unmet Needs, Operation Uplink, Help-a- Hero Scholarship), National Veterans Services _____, Military Family Month _____, Homeless Veteran Event or Stand-Down _____, or Adopt a Unit (MAP) _____.

J. Youth Activities: Did your Auxiliary sponsor or work with youth groups? Yes _____ No _____

Did you request a Youth Group Supporting Our Veterans Citation from National for any youth group which encourages and rewards patriotism? Yes _____ No _____

*If your Auxiliary did a project that you and your Auxiliary is proud of please feel free to share on a separate piece of paper.

*NOTE ALL AUDITS MUST BE UP TO DATE. IF YOU'RE AUXILIARY HAS ANY MONEY SHORTAGES FOR DUES OR DELEGATE FEES. YOU MAY BE DISQUALIFIED.

Auxiliary President (Please Print)

Date: _____

Phone: _____

Send Original to Awards Chairman

Send copy to District President

Copy for Auxiliary