

Name of Auxiliary \_\_\_\_\_ Aux. # \_\_\_\_\_ District \_\_\_\_\_

Auxiliary Chairman: \_\_\_\_\_ Phone # \_\_\_\_\_

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1. How many Auxiliary members were mentors to the members? \_\_\_\_\_
2. Did any returning members fulfill the role of mentor, if so, how many? \_\_\_\_yes\_\_\_\_no \_\_\_\_\_
3. Did the mentors use the VFW Auxiliary – Relationship Building for the future materials? \_\_\_\_\_
4. Did your Auxiliary use the Mentoring resources found on Malta to start and/or continue mentoring in your Auxiliary \_\_\_\_yes\_\_\_\_no. Please explain:

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5. Did you have special training activities for mentors? \_\_\_\_yes\_\_\_\_no If yes please explain: \_\_\_\_\_

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Cc: District President  
Auxiliary President

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Signature

