



CHAPLAIN'S MONTHLY REPORT

AUXILIARY CHAPLAIN: _____

AUXILIARY NUMBER: _____

REPORTING MONTH: _____

NUMBER OF CARDS SENT _____

NUMBER OF HOSPITAL VISITS _____ MILEAGE: _____ HOURS _____

NUMBER OF HOME VISITS _____ MILEAGE: _____ HOURS _____

NUMBER OF VET OR AUX HOME VISITS _____ MILEAGE _____ HOURS _____

NUMBER OF FUNERALS _____ MILEAGE _____ HOURS _____

TOTAL VISITS _____ TOTAL MILES _____ TOTAL HOURS _____

THE SACRED DUTIES OF THE CHAPLAIN ARE IN THEMSELVES A SOLEMN OBLIGATION. YOU SHALL OBLIGATE NEW MEMBERS AND PERFORM SUCH OTHER DUTIES AS THE RITUAL DIRECTS, AND BY YOUR OWN LIFE AND CONDUCT, PROVE A BRIGHT EXAMPLE TO YOUR BROTHER AND SISTERS.

SEND A COPY OF THIS REPORT TO YOUR DEPARTMENT CHAPLAIN AND DISTRICT CHAPLAIN MONTHLY.

CARDS NEEDED SENT FROM THE DEPARTMENT CHAPLAIN

AUXILIARY MEMBER _____

ADDRESS _____

CITY, STATE ZIP _____

SYMPATHY _____ GET WELL _____ ENCOURAGEMENT _____

JENNIFER MORRIS
4715 W CO RD 200S
CORY, IN 47846

jenmorrislavfw@yahoo.com
(812) 236-4403

Mail To: Keretta Shear - 8835 St. Peter St, Apt. 5, Indianapolis, IN, 46227
Phone - 317-881-6434

★ DEPARTMENT OF INDIANA AMERICANISM REPORT FORM 2016-2017 ★

Division# _____ District# _____ Aux.# & Location _____

Chairman _____ Date: _____

1. Did your Post or Auxiliary hold a Pow-Mia Program? Explain what you did?

2. How many members of your auxiliary attended the Dept. of Indiana Pow-Mia Ceremony? _____

3. Number of Pow-Mia flags presented (2"x 3" or larger?) _____

4. Did your Auxiliary pass out American flags? If yes, where and how many? _____

5. What did you do at your Post for Veteran's Day? _____

6. What did your Auxiliary do to promote Americanism/Flag Education for children? _____

7. Did your Auxiliary submit anyone or help the Post with the Smart/Maher VFW Citizenship Education Teacher Award? _____

8. Number of certificates presented to businesses or citizens in recognition of their displaying the U.S., Pow-Mia flags or other displays of American Pride. _____

9. Did you promote Americanism through any media? _____

10. Did any of your Auxiliary members participate in any of the Americanism contests at Fall or Spring Conferences? _____

11. Did your Auxiliary conduct special programs on Patriotic Holidays? Yes or No? If yes what did you do? _____

LEGISLATIVE REPORT FORM 2016-2017

District Number _____ Auxiliary Number _____ Chairman Name _____
Chairman Phone Number _____ E-Mail _____
Division Number _____

1. Have you contacted your U.S. Senators and House of Representatives, or State Representatives about Veterans Issues? YES _____ NO _____
2. Just mark yes or no and how many
Letters _____ Phone Calls _____ Personal Contacts _____ E-Mails _____
Faxes _____ yes _____ no _____ How many? _____
3. Just mark yes or no
TV News Stations yes _____ no _____ Listen to Radio News yes _____ no _____
Watch CNN News Yes _____ no _____ CNBC News yes _____ no _____ Fox News
yes _____ no _____ How many members? _____
4. How many members signed up for VFW Action Corps? _____
5. How many members subscribed to Checkpoint Newsletter? _____
There is a lot of FREE information **ONLINE: VFW .org**
6. Did any of your VFW auxiliary attend Town Hall Meetings? Yes _____ no _____
How many members? _____
7. How did your VFW Auxiliary encourage members to communicate with Legislators on Veterans' issues?
Explain? _____

How did your VFW Auxiliary promote the VFW Priority Goals?

EXPLAIN ON BACK OF PAPER IN FULL DETAIL

1. VA Health Care 2. VA Compensation and Benefits 3. Education and Employment 4. Military Quality of Life 5. Suicides and Homelessness 6. Seamless Transition 7. Defense and Homeland Security 8. POW/MIA
2. Did your VFW auxiliary get out the VOTE? Yes _____ No _____
How many members? _____
3. Did you explain and read the report form to your VFW Auxiliary? Yes _____
No _____
VFW auxiliary have any politicians Attend your meetings? Yes _____ no _____
Who attend the VFW Auxiliary meeting? _____

State Chairman: Judith Wagner 8511 Primrose Dr. Saint John, IN 46373
E-Mail-jwagscats@gmail.com Phone 219-365-2806

Membership and Leadership Report Form

Submit by October 1, 2016 and April 1, 2017

1. Did you attend School of Instruction? _____
2. Did your Auxiliary return your Membership Team letter? _____
3. How many times did you have to send dues reminders? _____
4. How many total dues reminders/notices did you send? _____
5. Did your Auxiliary offer incentives for early renewal? _____
6. Did your Auxiliary/District use the following methods to collect annual dues:
7. Phone calls: _____ E-mails: _____ Letters/postcards: _____ Face to face: _____
8. Did your Auxiliary/District plan a recruiting event? _____
9. Total number of recruiting events: _____
10. Did your Auxiliary/District contact Judy Wagner our National Certified Recruiter Trainer for the Department of Indiana for assistance or encouragement. _____
11. Are you aware of the requirements to make the Outstanding Auxiliary Roll Call and receive citations and/or awards? _____
12. Are you aware of how to be an All American District? _____
13. Do you have an Auxiliary member who has secured 20 new members? _____
14. Has your Auxiliary/District reached 100% in membership? _____
15. Do you have Auxiliary members who are eligible for the "Just One More Member Matters" certificate? _____
16. How many new Lifetime memberships in your Auxiliary? _____

Signed _____
(Membership Chairman)

District _____ Auxiliary # _____

Address _____

E-mail _____

City _____

Phone Number (____) _____

State _____ Zip _____

Mail to:

Jean Haggard

329 Victory Avenue

Greenwood, Indiana 46142

For questions please call 317-893-4639. Report forms will not be accepted by E-mail.

President's Special Project
Department of Indiana Auxillary

2016-2017 Report Form

RTIVE



My special Project this year is to help Rolling Thunder Indiana Veterans Fund who provide food, clothing, education to re- enter the work force to find jobs, and public awareness for our Veterans and their families. Let us help our Veteras to rebuild their lives by promoting and donating to this organization.

1.) Did you donate to the President's Special Project? Yes _____ No _____ If so how much did you donate? _____.

2.) Did you purchase and sell the President's State pin? Yes _____ No _____ If so How many? _____.

3.) Did you have a fund raiser for this project? Please explain what you did, how much you raised, and submitted. _____.

Make checks Payable to the Department of Indiana V.F.W.A. and send to Judy Phillips PO Box 289 Patoka, Indiana 47666. Please earmark check for "President's special project".

Auxillary: _____ District: _____ Chairman: _____

Starr Deaton, Chairman

208 W. Vincent St.

Waynetown, In 47990

starrdeaton @ yahoo.com

Scholarships

2016-2017 YEAR-END REPORT

SUBMIT TO YOUR DEPARTMENT PRESIDENT BY MAY 1, 2017

Department _____	Number of Auxiliaries Participating _____
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YOUNG AMERICAN CREATIVE PATRIOTIC ART CONTEST

1. Number of Auxiliaries that promoted the Patriotic Art Contest _____
2. Number of Auxiliaries that submitted an entry: _____
3. Number of students who submitted an entry to the Auxiliaries: _____
4. Number of entries judged on the Department level: _____
5. Total dollar amount awarded by _____

Auxiliary level awards: \$ _____
 Department level awards: \$ _____

CONTINUING EDUCATION SCHOLARSHIP

1. Number of Auxiliaries that participated in the Continuing Education Scholarship:
 (For example, distributed applications, publicized/promoted program, etc.) _____
2. How did your Department publicize/promote the Continuing Education Scholarship?

VOICE OF DEMOCRACY CONTEST

1. Number of Auxiliaries that assisted their Posts in conducting the contest: _____
2. Number of Auxiliaries that participated without having an entry: _____
 Number of members involved _____ Numbers of hours volunteered _____

PATRIOT'S PEN CONTEST

1. Number of Auxiliaries that assisted their Posts in conducting the contest: _____
2. Number of Auxiliaries that participated without having an entry: _____
 Number of members involved _____ Numbers of hours volunteered _____

Number of Auxiliaries that publicized all these contests within their communities: _____

Number of Auxiliaries that hosted/co-hosted an awards ceremony to recognize awardees and participants in all these contests: _____

Signed _____ <small style="margin-left: 100px;">Department Chairman</small>	Conference _____
Address _____	E-Mail _____
City _____ State _____ Zip _____	Phone Number (_____) _____

YOUTH ACTIVITIES

Youth Activities Ambassador
Dept. of Indiana 2016 - 2017
Marie Seibert
P. O. Box 54
Huntingburg, IN 47542
(812) 683-3476

Our National Youth Activities Ambassador Martine Arndt is expecting to have 100% participation in this program this year as I am also.
Our youth is our future and it is our responsibility to "Involve, Include & Educate" to ensure they become responsible adults and citizens.
With new changes to our organization, which now includes male family members, it will be an exciting year!

Report Form

Did your auxiliary participate in and/or publicize **Youth Groups Supporting Our Veterans Citations**? _____

How many youth groups did your auxiliary work with during the year? _____
Estimate number of youth involved _____

Did your auxiliary promote and/or use the **Random Acts of Patriotism (RAP)** Program? _____

Number of cards distributed _____

Number of coins distributed _____

How many of your youth were recognized in your community for their academic, athletic, scouting or other accomplishments? _____

Auxiliary _____ District _____ Division _____

Chairman _____

Address: _____

VETERANS & FAMILY SUPPORT

Chairman's Name: _____ Chairman's Phone _____
Chairman's Email: _____ Post Name: _____
Post #: _____ District #: _____ Division #: _____ Date of Reports: _____

1. Did your Auxiliary host/co-host VFW fundraising activities for National Veterans Service? YES NO
How and how much? _____
2. Did your Auxiliary host/co-host VFW fundraising activities for VFW Veterans and Military Support Programs: (Such as Unmet Needs, Operation Uplink, etc.) YES NO If yes, which programs?

How and how much? _____
3. Did your Auxiliary provide aid to Veterans, active-duty military and/or their families (Such as meals, transportation, cards, packages, donations, etc.) YES NO If yes, what is the
Total Value of goods/services provided: \$ _____ Number of Veterans/military personnel assisted: _____
4. Number of Veterans and military personnel served and/or assisted by ALL ACTIVITIES under this program: _____ How _____
5. Did your Auxiliary promote and or make donations to the VFW National Home? YES NO If yes, amount donated: \$ _____ How many life time members? _____
6. Did your Auxiliary promote/use the "Buddy Poppy" throughout the year? YES NO If yes, how? _____

_____ - How many used? _____
7. How many "Buddy Poppy" drives were held by your Auxiliary (with or without the Post)? _____
8. Did your Auxiliary participate in and/or sponsor events or projects for homeless Veterans? YES NO
How? _____
9. Did you support the Sport Clips Help a Hero Scholarship? YES NO
10. Did you promote the Military & Veteran Family Helpline from the VFW National Home? YES NO
11. Did your Auxiliary promote sharing the impact of our programs on veterans, the military, and their families? YES NO If yes, how? _____

12. Did members of your Auxiliary participate in the Buddy Poppy contests at conferences, conventions? YES NO If yes, which ones? _____
13. Please list any activities your Auxiliary did to support this program, or any ideas, comments or suggestions on how we can improve on the back of this report.

Please submit completed reports to: Michele Jackson, 3130 N Corwin Rd Bloomfield, IN 47424 or by email to: cheledawn05@gmail.com . If you have any questions, you may call me at: 812-620-0168.

Monthly Hospital Report

Due 15th of Month

Date

Auxiliary

District

Division

Volunteer's

Miles

Total Value

Place

Clothing

Food and Drinks

Books, Puzzles, and Etc.

Personnel Hygiene Items

Furniture

Remarks

Cheryl Dillard Hospital Chairman
410 Atchley St
Paoli, In. 47454
Cheryld221@aol.com
812-653-0976

Hospital Report Form

Division _____

Date: _____

District: _____

Auxillary: _____

Chairperson: Cheryl Dillard
 410 Atchley Street
 Paoli, IN 47454
 (812) 653-0976
 cheryld221@aol.com

Auxiliary Obligations: Indicated is the minimum amount to meet your obligations to Department, your Auxiliary can provide additional funds to any of these facilities as you determine are appropriate. All donations should be "earmarked" on the check and sent directly to Department Treasurer. (Helpful Hint: Keep this information for your Auxiliary Inspection)

	Total Your Auxillary Donated	Check Number
General Hospital (minimum \$24)	_____	_____
Indpls VA Med Ctr-Roudebush (minimum \$5)	_____	_____
Marion VA Med Ctr (minimum \$5)	_____	_____
Ft Wayne VA Med Ctr (minimum \$5)	_____	_____
Evansville Hlth Care Ctr - OP (minimum \$5)	_____	_____
Adam Benjamin, Jr OP Clinic (minimum \$5)	_____	_____
Indiana State Veterans Home (minimum \$5)	_____	_____
Other VA Facilities (not an Obligation)*	_____	_____

*Indicate which facility (example: Dayton VA)

Donations (non-monetary) Please describe: 1)what was donated, 2)quantity donated, 3)date it was donated, 4)approximate value, 5)number of members involved in creating, organizing, or delivering, 6)hours worked, 7)total miles traveled to complete the donation event.

What	Quantity	Date	Value	# members	Hrs Worked	Total Miles

Volunteers Please collect all volunteer hours for VA Medical Facilities as well as Non-VA Medical Facilities. Please include 1)name of facility, 2)number of volunteer hours, and 3)miles to travel to and from the facility, 4)number of members involved

VA/ Non-VA facility Name	Total Hours	Miles Traveled	# Members Involved

Volunteer Recruitment:

What did your Auxiliary do to recruit, retain, and recognize volunteers?

Who is your Auxiliary Outstanding Hospital Volunteer(s)? _____
 How many Volunteers did you submit for Department for Outstanding Hospital Volunteer of the Year? Please list their names here: _____
 Please submit a letter and complete application for each one you are sending to Department Chairman

Post Hospital Chairperson Signature: _____
 Phone Number: _____ Email: _____

Please Submit report by: Oct 1st (for Awards at Fall Conf) Feb 1st (for awards at Spring Conf) Apr (for awards at Convention)