



MILITARY ORDER OF THE COOTIE AUXILIARY

BUSY AS A BEE

AUXILIARY YEAR-END REPORT



Grand of: _____
Auxiliary Name: _____
Auxiliary Number: _____
Date Completed: _____

*This report documents the activities completed by our Auxiliary between July 1 and June 30.
Reports and participation will be verified through Supreme records unless otherwise indicated.*

CELL

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MEMBERSHIP
GROWTH

Membership totals and 100% membership status will be verified through Supreme records.

A. DISTRICT PROMOTION

District Number: _____

District Meeting Location: _____

Date of Meeting: _____

Brief description of how MOCA was promoted:

How was the presentation/display received?

New MOCA recruits generated: _____

B. DEPARTMENT PROMOTION *(for Auxiliaries not in a Grand)*

Convention or Conference: ☐ Convention ☐ Conference

Date: _____

Brief description of how MOCA was promoted:

How was the presentation/display received?

New MOCA recruits generated: _____

C. AUXILIARIES WITHIN A GRAND – HOW DID YOU SUPPORT THE GRAND EFFORT?

Convention or Conference: ☐ Convention ☐ Conference Date: _____

We supported the Grand by: (check all that apply)

☐ Worked a table

☐ Assisted in a presentation

☐ Display

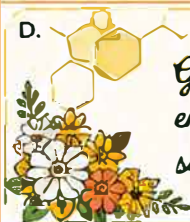
☐ Other _____

Number of Auxiliary members participating: _____

Approximate hours worked at the event: _____

Please describe how your Auxiliary supported the Grand effort:

D.



*Growing membership today
ensures that we can continue
serving Veterans tomorrow.*



E. SUPPORTING DOCUMENTATION INCLUDED

☐ Photo(s)

☐ Flyer or promotional material

☐ Brief event summary

☐ Other (please specify): _____

CELL

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HOSPITAL &
VETERAN
SERVICE

The hospital goal percentage as well as the clown verification will be verified through Supreme records.

A. PARTICIPATION

Approximately how many Auxiliary members participated in hospital and veteran service activities during the year?

What efforts were made to encourage participation?

B. CLOWN PROGRAM

Number of active clowns in the Auxiliary:

☐ At least one Auxiliary member actively participated in the Clown Program.

C. SERVICE STORY (OPTIONAL)

Share one activity, visit, or experience that best reflects your Auxiliary's service to Veterans during the year.

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ADMINISTRATIVE
EXCELLENCE

ADMINISTRATIVE EXCELLENCE VERIFICATION

Number of Auxiliary Meetings Held During the Program Year: _____

Sarah Desharis Scholarship Fund Donation Submitted: \$ _____

- ☐ Auxiliary Bonding Current
- ☐ Bond on File with Supreme Treasurer

The majority of Administrative Excellence requirements are verified through Supreme records and supporting documentation submitted with this report.



GRAND ATTENDANCE VERIFICATION

Did the Auxiliary President attend all required Grand Councils of Administration and Grand Convention meetings?

- ☐ Yes ☐ No

If no, who served as the designated representative?

Name: _____ Position: _____

Reason for absence: _____

SUPPORTING DOCUMENTATION INCLUDED:

- ☐ Donations for Supreme Programs Form Included
- ☐ IRS Form 990 Verification Included
- ☐ Other (specify): _____

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OUTREACH AND
PARTNERSHIP
WITH OUR VFW
AUXILIARY

AUXILIARIES MUST COMPLETE AT LEAST TWO (2) ACTIVITIES FROM THE LIST IN THE BUSY AS A BEE PROGRAM BOOK.

ACTIVITY #1

Activity Completed: _____

Date: _____

Description of activity:

Outcome/Impact:

Supporting Documentation (attach):

☐ Photo(s) ☐ Flyer ☐ Other (specify) _____

ACTIVITY #2

Activity Completed: _____

Date: _____

Description of activity:

Outcome/Impact:

Supporting Documentation (attach):

☐ Photo(s) ☐ Flyer ☐ Other (specify) _____

ADDITIONAL ACTIVITY (OPTIONAL) – List any additional outreach or partnership activities completed.

Activity: _____ Date: _____

Description: _____

Outcome/Impact: _____

Documentation Attached:

☐ Photo(s)

☐ Flyer

☐ Other (specify) _____

Use additional piece of paper if necessary.

RECRUITMENT RESULTS

Number of VFW Auxiliary Members Recruited: _____

Number of VFW Members Recruited: _____

SUPPORTING DOCUMENTATION INCLUDED

- ☐ Photo(s)
- ☐ Flyer
- ☐ Other (specify) _____

REFLECTION: How did these activities help strengthen your relationship with the VFW Auxiliary?

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AUXILIARY
PROFILE

AUXILIARY PROFILE

- ☐ Auxiliary Profile submitted by October 31.
- No further reporting required.

SUPREME VERIFICATION

Completion of the Auxiliary Profile will be verified by Supreme.



CERTIFICATION

We certify that the information provided in this report is true and accurate to the best of our knowledge.

Auxiliary President Signature: _____ Date: _____

Auxiliary Secretary Signature: _____ Date: _____

ATTACH ADDITIONAL PAGES AS NEEDED for descriptions, stories, or photos.

