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 1**

**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 2**

**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.

PLEASE RETAIN A COPY FOR YOUR RECORDS BEFORE SUBMITTING TO YOUR GRAND OR SUPREME CHAIRMAN BY JUNE 30.

CELL 3

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):

CELL 4

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:

*Use additional piece of paper if necessary.*

Documentation Attached:

- [ ] Photo(s)
- [ ] Flyer
- [ ] Other (specify)

## 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?

CELL 5

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.

PLEASE RETAIN A COPY FOR YOUR RECORDS BEFORE SUBMITTING TO YOUR GRAND OR SUPREME CHAIRMAN BY JUNE 30.