



MOCA New Auxiliary Readiness Assessment

Proposed Auxiliary: _____ Location: _____

Mentor: _____ Date: _____

Mentorship Meetings Completed

- ☐ Meeting #1 – MOCA Purpose, Mission & Hospital Program
- ☐ Meeting #2 – Leadership, Meeting Structure & Programs
- ☐ Meeting #3 – Expectations, Financial Accountability & Q&A

Auxiliary Readiness - Mission & Purpose

- ☐ Prospective members demonstrate a basic understanding of the MOCA mission and purpose.
- ☐ Members understand that Hospital and Veteran service is at the heart of the organization.
- ☐ Members understand the importance of maintaining positive relationships with the MOC and VFW Auxiliary.

Leadership & Participation

- ☐ A sufficient leadership pool appears to exist to support a healthy Auxiliary.
- ☐ Prospective members understand that officers have defined responsibilities and should understand those duties before accepting office.
- ☐ Members appear willing to share responsibilities rather than depend on one or two individuals.
- ☐ Members have participated in discussions, asked questions, and demonstrated interest in becoming an active Auxiliary.

Organizational & Financial Readiness

- ☐ Members understand that Auxiliary meetings are conducted according to the MOCA By-Laws and Ritual.
- ☐ Members have a basic understanding of MOCA programs and the importance of becoming familiar with the Supreme Program Book.
- ☐ Members understand that Auxiliary funds belong to the Auxiliary and financial decisions are made by the body.
- ☐ Members understand the basic requirements for financial accountability, including bonding, proper financial records, and audits.

Areas Needing Additional Attention

- | | |
|---|---|
| ☐ Leadership | ☐ Programs |
| ☐ Officer Responsibilities | ☐ Financial Responsibilities |
| ☐ Mission/Hospital Program | ☐ Other: _____ |
| ☐ Meeting Structure | |

If additional mentoring or education is recommended, briefly explain:

Mentor Recommendation

- ☐ Ready to Proceed ☐ Additional Mentoring Needed ☐ Additional Education Needed

Mentor Signature: _____ Date: _____
