

**CANCER AID & RESEARCH
YEAR END REPORT
2011-2012**

**This report covers
May 1, 2011- April 10, 2012
Deadline April 20, 2012**

Send report to:
Darlene Stanton
4 DARCY LANE
Clarksville, NY 12041

Auxiliary _____ County Council _____ District _____

Amounts donated to Cancer Aid & Research Fund:

Cancer Raffle Tickets (\$2.00 quota per member)	\$ _____
Cancer Pins (Does not count towards quota)	\$ _____
"In Memory Cards Donations	\$ _____
"Tote Bags, other items sold for Cancer	\$ _____

Did your auxiliary do a step up challenge? Yes ___ No ___

How much did you donate to the cancer fund? \$ _____
Explain what the event was on a separate sheet of paper.

Did your Auxiliary hold a raffle, dinner, or any other fund raising event? Yes ___ No ___

How much did you donate to the cancer fund? \$ _____
Explain your fundraiser on a separate sheet of paper.

Did your Auxiliary donate squares for the memory quilt? Yes ___ No ___
How many squares did you make and donate? _____

Did your Auxiliary donate a basket for Fall Conference Yes ___ No ___

Did your Auxiliary donate a basket for Spring Conference Yes ___ No ___

Did your Auxiliary participate in "Reapes Round-Up" Yes ___ No ___

How much did you collect in donation for the cancer fund? \$ _____
If you didn't participate did you sponsor someone else? \$ _____

Did your Auxiliary sponsor or conduct a cancer education program using outside speakers and resources? Yes ___ No ___

How many qualified cancer research facilities in your area did you contact about the, Postdoctoral Cancer Research Fellowship Grant? _____

Chairman _____

President _____

LEGISLATION YEAR-END REPORT

**Chris Leavor
2027 Cemetery Hill
Franklinville, NY 14737
April 20, 2012**

Did your Auxiliary educate members on the legislative process? Explain your promotion. _____

How did your Auxiliary promote community involvement with legislation regarding veterans issues? _____

Did you get any media coverage? _____

Number of contacts made personally to legislators on veterans issues:

Personal Contact: _____ Emails: _____ Letters: _____

Faxes: _____ Phone calls: _____

Did your auxiliary communicate and respond to special legislative alerts?

Auxiliary # _____ Council: _____ District: _____

Chairman: _____

**AUXILIARY PRESIDENT'S YEAR END REPORT
2011-2012**

Report Period:

July 1, 2011 – April 15, 2012

Deadline: April 20, 2012

Mail to:

Jane Reape
Department President
108 Bridge Street
Carthage, NY 13619

Auxiliary # _____ **County Council** _____ **District #** _____

Number of Auxiliary meetings held since Installation? *Regular* _____ *Special* _____

Membership:

June 30, 2011 _____ April 15, 2012 _____ Date 100% attained? _____

Meetings you attended:

County Council _____
District _____
Fall Conference _____
Spring Conference _____
2011 Dept. Convention _____
2011 National Convention _____

Total Cancer Donations: \$ _____

Date each level reached:
100% _____
Bronze (150-199%) _____
Silver (200-249%) _____
Gold (250%) _____
Platinum (250% & over) _____
Pins sold _____

Program Participation:

Amount raised for Wounded Warrior Project? \$ _____

Amount raised for National Military Services? \$ _____

Did your Auxiliary complete a project in each Dept Program? _____

Was it reported to the Department Chairmen? _____

Please describe how you ***“Stepped Up to Leave No Veteran Behind”*** and ***“Cared Enough to Make a Difference”*** in each of the Programs on a *separate sheet*.

Tell me your favorite program and how you enjoyed your term as Auxiliary President.

Tell me how you feel we can make our organization better.

President's Signature _____

Date _____

**AMERICANISM
YEAR END REPORT
2011-2012
DEADLINE: APRIL 20, 2011**

Leona Ortlieb
6733 STATE RTE. 26
Martinsburg, NY 13403

District #: _____
County Council _____
Auxiliary #: _____

Number of Patriotic and or Americanism Programs your Auxiliary conducted: _____
Example: In schools, contests, holidays, etc.

Did you promote the Suicide Awareness Month to your Members and Community? Yes or No
Explain how _____

Did you promote the Veterans History Project? Yes or No
Number of stories sent to the Library of Congress? _____
Explain how _____

Did you participate in or hold a POW-MIA Remembrance Program? Yes or No
Explain: _____

Did your auxiliary participate in the Poetry and Poster Contest? Yes or No
Number of entries: Poetry _____ Poster _____

Number of American Flags presented (at least 2" by 3" or larger)
(to include grave-side flags) _____

Number of Certificates presented to Businesses or Citizens in recognition of their
Displaying the US and or POW-MIA Flags: _____

Did your Auxiliary promote Americanism through any media? Yes or No
Example: Newspaper articles, Radio and TV
Explain: _____

Please fill in the additional information below:

Total Projects for Americanism	Number of Members Participating	Total Hours Worked	Total Number of Miles	Total Dollar Value

Ladies Auxiliary VFW
Department of New York

Program Report Form 2011-2012

District # _____

Co. Co. _____

Auxiliary # _____

Date: _____

Period of Report: from _____ to _____

PROGRAM: *(Choose only one (1) program per Report Form. Report projects that pertain to those shown on this report form. Projects not listed on this form but pertain to these programs should be designated as "Other.").*

<p>1. Americanism: (a) POW-MIA (b) Loyalty Day</p> <p>2. Cancer Aid & Research</p> <p>3. Extension</p> <p>4. Hospital & VAWS: (a) Veterans homes, facilities, clinics (b) Fisher House (c) Retirement Homes (d) Hospitalized Veterans Writing Project (HVWP)</p> <p>5. Legislative</p>	<p>6. Membership</p> <p>7. Veterans & Family Support (a) National Military Services (b) Adopt a Unit (c) Continuing Education Scholarship (d) National Home for Children (e) Buddy Poppy</p> <p>8. Voice of Democracy/Patriot's Pen</p> <p>9. Youth Activities: (a) Young American Creative Patriotic Art (b) Junior Girls Units (c) Other youth activities</p>
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PROJECT(S): _____

DESCRIPTION *(list below or use reverse side of page or attach separate sheet if necessary):*

<i>The numbers entered should reflect only the projects reported on this report form</i>	Total Projects on this Report	Total Auxiliary Members Participating	Total Hours Worked	Total Number of Miles	Total Value/or Dollars Spent	Number of Buddy Poppies Used

Submitted by *(Print Name & Title):* _____

Address: _____

Telephone: _____ **E-mail Address:** _____

Signature: _____

HOSPITAL & VAVS
YEAR END REPORT
2011-2012

DEADLINE: April 20, 2012

May 1, 2011 through April 15, 2012

AUXILIARY _____ **COUNTY COUNCIL** _____ **DISTRICT** _____

1. Number of Auxiliary members volunteering in VA Medical Centers, community living centers and/or community-based outpatient clinics. # of Volunteers _____ Total Hours _____

2. Number of Auxiliary members volunteering in other medical facilities, nursing homes and assisted living centers and/or outpatient and satellite clinics.
of Volunteers _____ Total Hours _____

3. Number of Auxiliary-sponsored non-members volunteering in VA Medical Centers, community living centers and/or community-based outpatient clinics.
of Volunteers _____ Total Hours _____

4. Number of new volunteers recruited.
Regularly Scheduled _____ Occasional _____ Youth _____

5. Number of members making donated items for medical facilities and nursing homes.
Number of Volunteers _____ Total Hours _____ Amount/Value \$ _____

6. Did your Auxiliary sponsor or conduct an event or activity? _____

7. Number of youth groups, schools or other organizations participating in making cards, gifts and visits. _____

8. Number of applicants submitted to Department for the Outstanding Hospital Volunteer of the Year Award. _____

9. Number of applicants nominated for the National Advisory Committee Volunteer of the Year.

Auxiliary President _____ Chairman _____

Date _____ Address _____

Telephone: _____

Mail to:

Marie McClumpha, Chairman, 43 Maple Avenue, Selkirk, NY 12158
Telephone: 518-767-2308 E-mail: msmcclumpha@juno.com

**VETERANS AND FAMILY SUPPORT
YEAR END REPORT
2011-2012**

This report covers period
May 1, 2011 – April 15, 2012

Deadline: April 20, 2012

Karen Dotson
19 Calgary Lane
Binghamton, NY 13901
Tel: 607-648-9271
Email: kdvwaux@aol.com

Auxiliary # _____ County Council _____ District _____

Donations:

- Total Donations to National Military Services \$ _____

- Total Donations to National Home for Children \$ _____

Fall Conference Projects:

- Donate blankets/quilts for Homeless Veterans Y___ N___ \$ _____

- Hearts for Heroes Hole in One Golf Classic Y___ N___ \$ _____

Spring Conference Projects:

- Heart for Heroes Buddy Poppy Fashionista Y___ N___ No. of Poppies Used _____

- Donation of Gift Cards for National Home for Children Y___ N___ \$ _____

Did your auxiliary participate in the Spring Conference – Buddy Poppy Display

_____ a. Memorial/Inspirational No. of Poppies _____ No. of Volunteers _____ No. of Hrs. _____

_____ b. Artistic/Decorative No. of Poppies _____ No. of Volunteers _____ No. of Hrs. _____

_____ c. Best Public Promotion No. of Poppies _____ No. of Volunteers _____ No. of Hrs. _____

Did your auxiliary promote the Continuing Education Scholarship Program? Y___ N___

Did your auxiliary purchase Commemorative Coins? Y___ N___ \$ _____

Total estimated hours providing assistance for Veterans and their families' _____ Hrs

Total estimated monies providing assistance for Veterans and their families \$ _____

Did your auxiliary support the Wounded Warrior Project? Y___ N___ \$ _____

Briefly describe how you supported the Wounded Warrior Project.

Describe how your auxiliary hosted a project or fundraiser for the National Military Services Program (Military Assistance Program, Operation Uplink, Unmet Needs, Farewell/Welcome Home, and Family Readiness). You can document on a separate sheet of paper.

Auxiliary President _____ Date _____

Auxiliary Veterans & Family Support Chairman _____ Date _____

VOICE OF DEMOCRACY & PATRIOT'S PEN
YEAR END REPORT

May 1, 2011 – April 15, 2012
Deadline: April 20, 2012

Lori Tunkel
10 Michelle Drive
Gardiner, NY 12525

Auxiliary # _____ County Council _____ District _____

Voice of Democracy Program

How many schools did you contact? _____

How many entries were received? _____

Monetary awards: How many? _____ Amount? \$ _____

Amount spent on other items for this program \$ _____

How many flyers were posted for this program? _____

Number of members participating _____

Total hours worked on this program _____

Total number of miles _____

Patriot's Pen Program

How many schools did you contact? _____

How many entries were received? _____

Monetary awards: How many? _____ Amount? \$ _____

Amount spent on other items for this program \$ _____

How many flyers were posted for this program? _____

Number of members participating _____

Total hours worked on this program _____

Total number of miles _____

Did you publicize these contests in your community? _____

Please describe your public promotion on a separate sheet of paper.

Auxiliary President: _____

Auxiliary Chairman: _____

Date: _____

**YOUTH ACTIVITIES
Year End Report
2011-2012**

Auxiliary _____ **County Council** _____ **District** _____

Junior Girls Units

Does your auxiliary sponsor a unit? _____
If not how did your auxiliary support the Junior Girls? _____

Young American Creative Patriotic Art

How many students submitted a entry? _____
How much was the Amount spent on awards? _____
How was the program promoted? _____

Youth Groups Supporting Our Military

Did your auxiliary participate in this ? _____
Did your auxiliary have any organization that submitted a request for a citation? _____
If you had any please use a separate piece of paper and describe how the group supported our Military.

Girl Scout Awards

Did your auxiliary present any awards? _____
Did your auxiliary sponsor or involve another youth program? _____

Toys for Tots

Did your auxiliary donate Toys for Tots? ___Yes ___No Dollar Amount _____
Number of Sisters who participated _____

Remember once you have contacted the schools or have done something with the Youth or Junior Girls send me the report, as this will allow you to get credit.

“Caring Enough to Make A Difference” as we “Step Up and Leave No Veteran Behind.”

Loyally,

Karen Mack, Youth Activities Chairman
5921 Route 83
Conewango Valley, NY 14726
(716) 287-4497
Email: mack_karen25@hotmail.com