

**Americanism  
2023-2024  
Year End Report  
Do No Later Than April 15, 2024  
(Can send regular mail or email)**

Auxiliary Name \_\_\_\_\_ Aux # \_\_\_\_\_ District # \_\_\_\_\_

Auxiliary Chairman \_\_\_\_\_ Phone # \_\_\_\_\_

Auxiliary President \_\_\_\_\_ Phone # \_\_\_\_\_

1. Did your Auxiliary utilize any of the Americanism material/resources available in MALTA Member Resources? Yes \_\_\_ No \_\_\_
  - a. What material/resources did you use? \_\_\_\_\_
  
2. Did your Auxiliary promote, participate, any patriotic day and/ or branch of service birthdays? Yes \_\_\_ No \_\_\_
  - a. Patriotic days  
\_\_\_\_\_
  - b. Branch of service birthdays  
\_\_\_\_\_
  
3. Did your Auxiliary participate in a POW/MIA program? Yes \_\_\_ No \_\_\_
  
4. Did your Auxiliary recognize Gold Star Mothers/Families, Silver Star Mothers/Families, and or Blue Star Mothers/Families? Yes \_\_\_ No \_\_\_
  
5. Number of American Flags and/or POW/MIA Flags distributed/presented by your Auxiliary. (2" x 3" or larger) Number of American Flags \_\_\_\_\_ Number of POW/MIA Flags \_\_\_\_\_
  
6. Number of certificates present to businesses or citizens in recognition of displaying the American Flag and/or POW/MIA Flag. \_\_\_\_\_
  
7. Did your Auxiliary promote or conduct a Patriotic Education/Americanism in your community and/or through social media? Yes \_\_\_ No \_\_\_
  
8. Did your Auxiliary conduct and/or promote an American Flag Etiquette program? Yes \_\_\_ No \_\_\_

Please mail completed report along with any pictures to:

**Roseann Nemec**  
Americanism Chairman  
6 Parrot Ct  
Whiting, NJ 08759

Ro\_VFW\_Aux\_809@yahoo.com  
551-206-8798

**AUXILIARY OUTREACH YEAR END REPORT 2023-2024**

**REPORT DUE BY APRIL 15, 2024**

Mary Dungan Chairman: 46 Jones Mill Road Lot 220 Wrightstown, NJ 08562  
marydungan217@yahoo.com 609-351-5852

1 – Did your Auxiliary utilize any of the Auxiliary Outreach material/resources available in MALTA Member Resources?

Circle One: YES NO

2 – Did your Auxiliary, as a group volunteer or partner with another organization NOT affiliated with the VFW or VFW Auxiliary?

Circle One: YES NO

3 – Number of Organizations that your Auxiliary volunteered/partnered with during the year:

First Responders \_\_\_\_\_

Disaster Relief \_\_\_\_\_

Churches \_\_\_\_\_

Other organizations: \_\_\_\_\_

Towns/Cities \_\_\_\_\_

Any other \_\_\_\_\_

4 – How many events/activities did your Auxiliary participate in during the year? \_\_\_\_\_

5 – How many members participated during the year? \_\_\_\_\_

5(a) How many hours did your auxiliary volunteer with another organization? \_\_\_\_\_

**“Banding Together for Our Veterans”**

**“It’s Never too Late to Thank a Veteran”**

# **“Buddy” Poppy & VFW National Home**

## **2023 – 2024 Year-End Report**

This form is for statistical purposes only.

**Auxiliary Chairman must submit this report form to their Department Chairperson by April 15.**

**Donna Avery - 126 Delaware Avenue - Apt. A, Riverside, NJ 08075**

### **“Buddy” Poppy**

1. Did your Auxiliary utilize any of the “Buddy” Poppy material/resources available in MALTA Member Resources.?
2. Did your Auxiliary hold a “Buddy” Poppy drive with their VFW Post \_\_\_\_\_
3. Did your Auxiliary hold a “Buddy” Poppy drive without their VFW Post \_\_\_\_\_
4. Number of combined “Buddy” Poppies that were distributed \_\_\_\_\_
5. Did your Auxiliary participate in the VFW “Buddy” Poppy Display contest at Department Convention \_\_\_\_\_

### **VFW National Home**

1. Did your Auxiliary utilize any of the VFW National Home material/resources available in MALTA Member Resources \_\_\_\_\_
2. Did your Auxiliary promote the VFW National Home \_\_\_\_\_
3. Did your Auxiliary promote the VFW National Home Helpline \_\_\_\_\_
4. Did your Auxiliary purchase at least one VFW National Home Life Membership \_\_\_\_\_
5. Did your Auxiliary purchase at least one VFW National Home Tribute Brick \_\_\_\_\_

Chairperson Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_

Auxiliary Name & No. \_\_\_\_\_ District No. \_\_\_\_\_

Date: \_\_\_\_\_

CHIEF OF STAFF  
EXTENSION & REVITALIZATION

2023-24

YEAR-END REPORT

Cecelia Watkins  
118 Ivy Lane  
Pine Hill, NJ 08021  
(856) 258-5478  
cece51@comcast.net

Auxiliary Name: \_\_\_\_\_ Post #: \_\_\_\_\_

President Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Chairman Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

1. How many GOOD JOB AWARDS were presented to

Auxiliary Members? \_\_\_\_\_

2. Was your Auxiliary presented with a certificate of Good

Health?                      Yes                      No

3. Did your Auxiliary complete the Healthy Auxiliary

Questionnaire?                      Yes                      No

## Historian & Media Relations 2023-24 Year End Report

Mail to:

Mary Ryan Sandman  
176 Patty Bowker Rd.

maryryan40@outlook.com  
Tabernacle, NJ 08088

Auxiliary Name: \_\_\_\_\_

Auxiliary Number: \_\_\_\_\_ District Number: \_\_\_\_\_

1. Did your Auxiliary use any of the Historian materials/resources available in MALTA? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did your Auxiliary create a Historian's book documenting the previous year by any means? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Did your Auxiliary use any of the Media Relations materials/resources available in MALTA? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Did your Auxiliary send a monthly/quarterly newsletter to each member via printed or e-mail? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does your Auxiliary have an Auxiliary Facebook page? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Does your Auxiliary have an Auxiliary website? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does your Auxiliary have a joint Facebook page their VFW Post? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Does your Auxiliary have a joint website with their VFW? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Did your Auxiliary hold a Media Relations "how to" training to educate your members (how to log on to MALTA, e-mail, navigate Facebook and other social media)? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Did your Auxiliary participate in the Auxiliary Legacy Member Video Interview Contest? Yes \_\_\_\_\_ No \_\_\_\_\_

2023-2024 HOSPITAL AND VAVS YEAR END REPORT  
DUE NO LATER THAN APRIL 15, 2024

Barbara Wiener 201 6th St N. Brigantine, NJ 08203 609-464-1791 barb.wiener@yahoo.com

Auxiliary Name & No. \_\_\_\_\_ District # \_\_\_\_\_

Auxiliary Chairman \_\_\_\_\_ PH # \_\_\_\_\_

Auxiliary President \_\_\_\_\_ PH # \_\_\_\_\_

**Your Auxiliary Volunteers**

During the 2023-2024 year, did your auxiliary or auxiliary members volunteer in any VA and/or non-VA medical facility?

Circle one: YES NO If so, list # of Volunteers: \_\_\_\_\_ # of Hours donated \_\_\_\_\_

During the 2023-2024 year, did your auxiliary sponsor/supervise an event or activity at any VA and/or non VA medical facility?

Circle one: YES NO - list # of Volunteers: \_\_\_\_\_ # of Hours \_\_\_\_\_ AMT/Value of items donated: \_\_\_\_\_

**2023-2024 National Salute to Veterans Patients Week (February 11 -17, 2024)**

Did your auxiliary promote, participate or host in the "Valentines for Veterans"? Circle one: YES NO

Did your auxiliary host a "Valentines for Veterans" party? Circle one: YES NO

Did your auxiliary mail/delivery Valentine cards to veteran patients? Circle one: YES NO

**OTHER NATIONAL PROGRAMS**

Did your Auxiliary promote, participate and/or co-host with your VFW Post, any of the following activities?

Check which applies:

Honors Escort Program: \_\_\_\_\_ Auxiliary \_\_\_\_\_ Aux/VFW Post

National Salute to Veterans Patients Week: \_\_\_\_\_ Auxiliary \_\_\_\_\_ Aux/VFW Post

Veterans Health Care (VHA): \_\_\_\_\_ Auxiliary \_\_\_\_\_ Auxiliary/VFW Post

Women Veterans Healthcare Program: \_\_\_\_\_ Auxiliary \_\_\_\_\_ Auxiliary/VFW Post

What is the total dollar amount your Auxiliary spent towards Hospital Programs and/or projects \$ \_\_\_\_\_

Did your Auxiliary visit any public nursing home or assisted living facilities? YES NO

Legislative Program  
End of the Year Report  
2023-2024  
Due by April 15, 2024

Terri Andryszczak  
263 Schuyler Ave.  
Kearny, NJ 07032  
[vfwpost1302@gmail.com](mailto:vfwpost1302@gmail.com)

Auxiliary Name \_\_\_\_\_ Post# \_\_\_\_\_ District# \_\_\_\_\_

Auxiliary President \_\_\_\_\_ Phone# \_\_\_\_\_

Auxiliary Chairman \_\_\_\_\_ Phone# \_\_\_\_\_

Did your Auxiliary utilize any of the Legislative material/resources available in MALTA Member Resources? \_\_\_\_\_

Number of Auxiliary members who are subscribed to VFW's *Action Corp Weekly* E-Newsletter \_\_\_\_\_

Did your Auxiliary promote, participate and/or host activities regarding the VFW Priority Goals? \_\_\_\_\_

Did your Auxiliary promote, participate or co-host with your VFW Post, activities regarding the VFW Priority Goals? \_\_\_\_\_

Number Auxiliary members who contacted their legislators on veteran issues by any means:

Letters \_\_\_\_\_ E-mail \_\_\_\_\_ Postcards \_\_\_\_\_ Personal \_\_\_\_\_ Phone \_\_\_\_\_ Media \_\_\_\_\_

Number of Auxiliary members who attended events where they could interact with legislators (such as: legislative conferences, town halls, etc.) \_\_\_\_\_

Did your Auxiliary host an event informing your community about Veteran Legislative issues? \_\_\_\_\_

Use extra sheets if required. Be sure to put your Auxiliary # on each sheet.

Thank you for all you do for this program!

# Membership Year End Report 2023 – 2024

**DUE NO LATER THAN APRIL 15, 2024**

Carolyn Rovito  
13 Joseph St. Apt 1  
Little Ferry, NJ 07643  
[crovito.2@gmail.com](mailto:crovito.2@gmail.com)  
201-233-7010

Auxiliary # \_\_\_\_\_  
District # \_\_\_\_\_  
President: \_\_\_\_\_  
Chairman: \_\_\_\_\_  
Contact Info: \_\_\_\_\_

1. Did your auxiliary promote, participate, host or co-host with your VFW Post Commander activities regarding VFW and/or VFW Auxiliary education and Membership Recruitment?

Yes or No

2. Did your auxiliary regularly educate their members on the benefits of their membership? (Example: insurance plans, travel benefits, cancer grants, hearing plans, etc.)

Yes or No

3. Did your auxiliary educate your members on the National Membership Program Awards?

Yes or no

4. Number of Auxiliary Members that participated in any recruiting events at any level (Auxiliary, District, Department, National)

Yes or No

5. Did your auxiliary utilize any of the Membership material/resources available MALTA Member Resources?

Yes or No

6. Did your Auxiliary recruit 5 members or more?

Yes or No

7. Did your Auxiliary recruit 20 members or more?

Yes or No



MENTORING FOR  
LEADERSHIP 2023-2024  
YEAR END REPORT DUE:  
APRIL 15, 2024

Camilla Albano  
153 Indiana Avenue  
Blackwood, NJ 08012

Home - (856) 227-6097  
Cell (609) 828-7220  
e-mail: [camilla.albano@comcast.net](mailto:camilla.albano@comcast.net)

1a. Number of new Auxiliary members Mentored:

\_\_\_\_\_

1b. Number of Auxiliary members fulfilling the role of mentor:

\_\_\_\_\_

2. Did your Auxiliary use Mentoring at VFW Auxiliary-Relationship Building for the future materials:

\_\_\_\_\_

3. Did your Auxiliary use Mentoring at VFW Auxiliary-Relationship [Vfwauxiliary.org/resources](http://Vfwauxiliary.org/resources) to start and/or continue mentoring in their Auxiliary:

\_\_\_\_\_

4. Number of Auxiliary hosting events for members, utilized any Mentoring for Leadership material/resources available in MALTA Member Resource to find and train mentor:

\_\_\_\_\_

**Veterans & Family Support  
Year End Report  
2023 – 2024**

Gloria Lisicki  
45 Wheeler Ave.  
Carteret, NJ 07008

732-541-5392 - Home  
732-841-8037 – Cell  
[Glisicki@comcast.net](mailto:Glisicki@comcast.net)

Auxiliary Name \_\_\_\_\_ Aux. # \_\_\_\_\_ District \_\_\_\_\_

Auxiliary President: \_\_\_\_\_ Phone \_\_\_\_\_

Auxiliary Chairman \_\_\_\_\_ Phone # \_\_\_\_\_

1. Did your Auxiliary utilize any of the Veterans & Family Support material/resources available in MALTA Member Resources:    Yes \_\_\_\_\_ No \_\_\_\_\_

2. Did your Auxiliary promote, participate, host or co-host with your VFW Post activities:

a. Disaster Relief Program:    Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Donated \_\_\_\_\_

b. Military Assistance (MAP)    Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Donated \_\_\_\_\_

c. National Veterans Service (NVS) Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Donated \_\_\_\_\_

d. Unmet Needs:    Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Donated \_\_\_\_\_

e. Veterans & Military Suicide Prevention & Mental Health Awareness:  
Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Donated \_\_\_\_\_

3. Did your Auxiliary provide direct aid to veterans, service members and/or their families:  
(example, meals, transportation cards, packages, donations, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Donated \_\_\_\_\_

4. How many times did your Auxiliary assisted veterans, service members or their families:  
Number \_\_\_\_\_

5. Did you Auxiliary make monetary donation and/or value of donation and goods/services provided to veterans, service members and/or their families:

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount Donated \_\_\_\_\_

## Youth Activities Year End Report

Name: \_\_\_\_\_

Chairperson contact phone number and  
email: \_\_\_\_\_

Auxiliary name and number: \_\_\_\_\_

Auxiliary President: \_\_\_\_\_

\*Please use the reverse side and number answers. For guidance refer to:  
[:https://vfwauxiliary.org/what-we-do/youth-activities/](https://vfwauxiliary.org/what-we-do/youth-activities/)

1. A) Did your Auxiliary participate in our Illustrating America contest and/or Red, White, and Blue Singing contest? B) How many participants in each? C) How did you promote these contests? D) What awards did you give? Please include individual and total amounts. E) How did you acknowledge winners in addition to prizes? Ex. Award ceremony, social media/newspaper announcement, gave awards at BOE mtg, etc. \*If you did not participate, please explain your obstacle.
2. Did you promote Patriotism through literature in any way? Please explain
3. What, if any, youth groups did you recruit to assist you in your Auxiliary programs throughout the year?
4. A) Did you use RAP coins or cards to encourage youth participation? B) Which one or both? C) Did you use another way to acknowledge youth participation? Please explain. Ex. pizza party
5. What other ways did you engage with the youth in your community?
6. Does your Post/Auxiliary have any celebrations for community youth or family/friends of members? What did you do? Ex. Halloween event, Christmas party, Children's Day, flag retirement, etc.
7. Please add anything you did in addition to these things. I also welcome suggestions that I can pass on.

Please submit this report by April 15, 2024 to Kathleen Shanahan via email or postal delivery. Kathleen Shanahan 43 Birk St.  
Saddle Brook, NJ 07662 [shanahank2@gmail.com](mailto:shanahank2@gmail.com)  
201-410-6814