

UNWAVERING SUPPORT



FOR UNCOMMON HEROES®

VFW AUXILIARY OFFICIAL VISIT REPORT FORM

1. Date of visit _____ How many members present at this meeting _____
2. District _____ Auxiliary _____
(Name and Number)
3. Location _____
(Address) (City) (Zip)
4. Name of Auxiliary President _____
(If Auxiliary President did not preside, provide name and title of person that did preside over the meeting).
5. Are those serving in the positions of President, Secretary, Treasurer and Trustee (all three) the same as who were submitted to Department Secretary? YES _____ NO _____ (check one)
If NO, complete their information (name, address, phone number, email and Member I.D. number) on a separate sheet and attach it to this sheet when submitting this visit report.
6. The office of the President shall hold the original bond of both offices. Ask the President to see the Bond. Does the Bond show both the office of President and Treasurer Bonded?
YES _____ NO _____ (check one)
Bonded by Whom? _____ Date Bond Expires _____
7. How many regular Business Meetings are held in the year? _____
If less than 12, what are the blackout months? _____
Day/Date of regular Business Meeting _____ Meeting start time _____
8. What does the Auxiliary charge as an admission fee for new members? \$ _____
9. What are the **Annual dues** for this Auxiliary? \$ _____
10. Previous year's membership as of June 30 _____ Membership at time of visit _____
11. Average attendance at monthly business meeting _____
12. Does the Auxiliary hold active recruiting events? YES _____ NO _____ (check one)
13. Is Business Meeting set up Roundtable, Contemporary or Traditional? (circle one)
14. Is the President using the current *Podium Edition: Bylaws and Ritual* during the meeting?
YES _____ NO _____ (check one)

15. Are the meetings following the Auxiliary Order of Business according to the Ritual?
YES _____ NO _____ (check one)

16. Do newly obligated members receive the Auxiliary membership pin and current *Podium Edition: Bylaws and Ritual*? YES _____ NO _____ (check one)

17. With a show of hands during the meeting, how many members present are:
Logged on to Malta? _____
Use the Resources page on the National website? _____
Receive the e-newsletter? _____

18. DOES THE SECRETARY:

- a. Keep the minute book according to the Booklet of Instructions? YES ____ NO ____
- b. Are the minutes kept in a bound book **OR** typed in a binder? (circle one)
- c. Is the book of the Secretary audited quarterly according to the Bylaws? YES ____ NO ____
- d. Do elected Trustees sign all pages of the Secretary's minutes? YES ____ NO ____
- e. Is the Bond incorporated into the minutes? YES ____ NO ____
- f. Is the Treasurers report incorporated in the Minute Book of the Secretary? YES ____ NO ____
- g. Is the Audit incorporated in the Minute Book of the Secretary? YES ____ NO ____
- h. What is the date of the last Audit noted in the Secretary's Minute Book? _____
- i. Does Secretary read the minutes as part of the order of business? YES ____ NO ____
- j. Are Department and/or National Communications read by the Secretary? YES ____ NO ____

19. DOES THE TREASURER:

- a. Maintain Treasurers Books according to the Bylaws and Booklet of Instructions?
YES _____ NO _____
- b. Is the Treasurers work kept in a bound book **OR** typed in a binder? (circle one)
- c. Are the Treasurer's book and **all records** (bank statements, savings books, bingo accounts, receipt books etc.) of the Treasurer audited quarterly according to the Bylaws and signed by the Trustees (must be at least one (1) elected trustee)? YES _____ NO _____
- d. What is the date of the last audit noted in the Treasurers Book? _____
- e. Does the Treasurer read her report as part of the Order of Business? YES ____ NO ____
- f. Are all funds audited (relief, savings, ways and means, Bingo, cancer insurance, kitchen, etc.)?
YES ____ NO ____
- g. Has the 990N been filed with the IRS? YES ____ NO ____
File date of 990 form _____ Date copy of form sent to Department Office _____
- h. Does the Treasurer have a computer or access to one to complete all the duties of the office?
YES ____ NO ____
- i. Ask the Treasurer if he or she has accessed MALTA, the Treasurer's webpage on the National website and if he or she has printed out the Treasurer's Guide and needed forms for the office of Treasurer (membership applications, etc.)
Accessed MALTA? YES ____ NO ____
Accessed the Treasurer's webpage on the National website? YES ____ NO ____
Printed out the Treasurer's Guide? YES ____ NO ____

20. **DO THE TRUSTEES (ask them directly):**

If not present prior to the meeting, ask them to stay a few minutes after the meeting. Please do not take up a lot of their time.

a. Hold audits and have all the books and paperwork in their possession when performing the audit? YES ____ NO ____

Do they do the actual audit **OR** does the Treasurer? (circle one)

b. Follow the "How to Do an Audit" Guidelines available from Department? YES ____ NO ____

c. Does the #1 Trustee call the audit and send the completed audit to Department?
YES ____ NO ____

If **NO**, give the position of the person who mails the audit _____

d. Read the Quarterly Audit and ensure it is acted upon at the meeting? YES ____ NO ____

e. Do the Trustees get the bills from Conductor/Conductress, sign them for approval or reject the bills and make or give a report under REPORT OF TRUSTEES in the meeting?
YES ____ NO ____

21. Have Chairmen been appointed to correspond with ALL National and Department Programs?

YES ____ NO ____

If no, what programs are lacking a chairman and why? _____

22. Did the Auxiliary President have his or her Chairmen promote Programs or talk about Program projects involving the members? YES ____ NO ____

23. Is the Auxiliary participating in reporting on Programs? YES ____ NO ____

24. Do you consider this Auxiliary to be in good working order? YES ____ NO ____

Why or why not? _____

25. List any questions or concerns that arose during the visit for which our Department needs to respond that will help or encourage this Auxiliary. _____

I Certify I have visited the Auxiliary listed above _____
(Signature of District President/Visiting Officer)

**THE RECORDS OF THE SECRETARY AND TREASURER
MUST BE SIGNED BY THE VISITING OFFICER**

Three copies are needed:

- One copy for the Auxiliary President
- One copy for the District President
- One copy for the Department President to be sent to Department Headquarters within seven (7) days after the visit date

Mail to: VFW Auxiliary Dept. of _____

Date mailed to Department President/Department Headquarters _____

Date viewed by Department President or Department Secretary _____

Date mailed to Department Chief of Staff (optional) _____

Obligations:

General Hospital (\$54.00) CK # _____ Date: _____

District Dues: CK # _____ Date: _____

Other Donations:

President's Special Project: CK # _____ Date: _____ Amount: _____

Other Hospital Donations: CK # _____ Date: _____ Amount: _____

VFW Unmet Needs/MAP: CK# _____ Date: _____ Amount: _____

Please list Other Donations Below:

Name: _____ CK# _____ Date: _____ Amount: _____

Name: _____ CK# _____ Date: _____ Amount: _____

Name: _____ CK# _____ Date: _____ Amount: _____

Name: _____ CK#: _____ Date: _____ Amount: _____