**MICHIGAN DEPARTMENT VFW AUXILIARY**
**OFFICIAL VISIT - DISTRICT INSPECTION QUESTIONNAIRE**

**DATE OF DISTRICT MEETING** _____ **DISTRICT #** _____

1. **AUXILIARIES**:
   a. Number of Auxiliaries at present time. _____
   b. Number of Auxiliaries represented and registered at meeting. _____
   c. Number of Auxiliary Presidents present? _____
   d. Number of Auxiliary Sr. Vice present in lieu of President _____
   e. Attendance count at the meeting. _____

2. **MEETINGS**:
   a. Did the meeting start on time? _____ How long did it last? _____
   b. Meeting conducted with floor work? _____
   c. Did Officers use proper parliamentary procedure? _____
   d. Was District audit **performed** by the **elected** trustees and reported? _____
   e. Did you see proof of the 990 being filed within the last 12months? Yes_____ No_____ If no, contact the Department Office immediately.
   f. Was the Secretary's book kept according to the Booklet of Instructions? _____
   g. Was the Secretary's book audited by the **elected** trustees? _____
   If you answered no on any of the above, did you instruct on proper procedure? (explain)_____

3. **PRESIDENT**:
   a. Was District President organized and prepared for meeting? _____
   b. Was District President familiar with the ritual? _____
   c. Was a District Meeting Outline used? _____
   d. Was the District President in control of the meeting? _____
   e. Was the District President familiar with parliamentary procedure? _____
   f. Were you and other guests (including PDP's) properly escorted and/or introduced? _____
   g. Describe briefly any training that was performed:_____
   If you answered no on any of the above, did you instruct on proper procedure? (explain)_____

4. **CHAIRMEN**: "To designate which chairmen gave a report, please place an R, S, N or P in the boxes below."

| | | | |
|---|---|---|---|
| Veterans and Family Support | | Legislative | |
| Americanism/Patriotic Instructor | | Membership | |
| Camp Trotter | | Scholarships | |
| Hospital | | Youth Activities | |
| | | | |
| Audit | | Special Events | |

R= Reported S=Sent in Report N=No report P= President

   a. Were new ideas given? _____ b. Were the Program Goals stressed?_____
   c. Were Department Bulletins and Michigan Connection used? _____

5. **COMMENTS**:

_____

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Please give honest and unbiased answers to the above questions. You may attach another sheet if needed. This will be a determining factor in the judging for the District of the Year Award. PLEASE COMPLETE IMMEDIATELY FOLLOWING THE MEETING, MAIL A COPY TO THE DISTRICT PRESIDENT, AND A COPY TO:

Department of Michigan Auxiliary
924 N. Washington
Lansing, MI 48906

_____
Department Representative Signature