



Department of Arkansas Auxiliary Visit Form



AUX NO _____ DIST NO. _____ LOCATION OF VISIT _____

AUXILIARY PRESIDENT _____ DATE OF VISIT _____

HEALTHY AUXILIARY GUIDELINES:

1. How many monthly meetings does this Auxiliary hold a year? _____
2. How many dues are paid to date? _____ Membership as of 6/30/2025? _____
3. Do they have a school of instruction? _____. Explain: _____
4. Has the last quarterly audit been read & approved or corrected & approved and sent to the Department Treasurer? _____
5. Average attendance at monthly business meetings? _____
6. Is the Department View read or made available during the meeting? _____
7. Do they discuss Programs? _____ What was the discussion? _____
8. Do they use any of these items? Which ones?
 - A. R U Healthy Checklist? _____
 - B. Good Job Certificate? _____
 - C. Auxiliary Member Questionnaire _____
 - D. Auxiliary Meeting Clinic _____
 - E. Communication Phone/Text Tree _____
 - F. Online Academy _____
 - G. Department Website _____

PERTAINING TO THE OFFICE OF SECRETARY

9. Are the Secretary's books kept according to bylaws? _____
 - Treasurer's Report incorporated? _____
 - Audit Report incorporated? _____
 - Is the Secretary book audited by the Trustees according to the Bylaws? _____
 - Does the Secretary need training for their books or minutes? _____

PERTAINING TO THE OFFICE OF TREASURER

10. Are the Treasurer books kept according to the bylaws? _____
 - Did the Trustees audit and sign all the Treasurer's books? _____
 - Date of Last Audit (Look at Audit) _____
 - Is the Treasurer's Report read at the meeting? _____
 - Does the Treasurer or any Trustees need training? _____
11. Does this Auxiliary have a Facebook or Webpage for Social Media Communication? _____
12. Did you notice any RED Flags? _____

Your Comments, Matters of Concerns: _____

Instructions: (1) Please be sure to sign both the books of the Secretary and the Treasurer indicating the date you inspected and your initials. (2) A copy of the Auxiliary inspections Form is given to the Auxiliary President at the time of inspection. (3) A copy is also sent to the Department President. (4) A copy is sent to the Department Chief-of-Staff and (5) You keep a copy for your files.

District President _____ Representative _____

President ____ Sr vice ____ Jr. vice ____ Treasurer ____ Secretary ____ Chaplin ____ Conductor ____
Guard ____ Patriotic Instructor ____ Trustee 1 ____ Trustee 2 ____ Trustee 3 ____