

# AUXILIARY MEMBER/DEPARTMENT OF THE YEAR

MUST SUBMIT BY DECEMBER 31

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

Address: \_\_\_\_\_

Department: \_\_\_\_\_

Member of Auxiliary Since: \_\_\_\_\_

Contribution to the following:

Home Department: \_\_\_\_\_

FFAM: \_\_\_\_\_

FFAM Auxiliary: \_\_\_\_\_

Community Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Employment: \_\_\_\_\_

Family Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests or unique skills: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Contact Information: \_\_\_\_\_