HOSPITAL

2022-2023 Year End Report

Submit 2 Copies To Your District President by March 31, 2023

 Auxiliary Number:  District Number: 

1. How many Auxiliaries members volunteered at any VA and/or non-VA medical facility?

 (Auxiliary member to be counted one time only per year. 

2. Total number of hours that Auxiliary members volunteered at any VA and/or non-VA

 Medical facility. 

3. Total number of hours that Sponsored Volunteers and/or students volunteered

under the VFW Auxiliary sponsorship and supervision at any VA and/or

non-VA medical facility. 

4. Did your Auxiliary promote, participate or host any activity listed below?

* + Honors Escort 
	+ National Salute to Veteran Patients – Valentines for Veterans 
	+ Veterans Health Care (VHA) 
	+ Women Veterans Health Care Program 

5. Did your Auxiliary promote, participate or co-host with your VFW Post any activity

 listed below?

* + Honors Escort 
	+ National Salute to Veteran Patients – Valentines for Veterans  Veterans Health Care (VHA) 
	+ Women Veterans Health Care Program 

6. Total number of dollars spent on all Hospital Program related items and/or projects.

 

**Auxiliary President:** (Please Print) **Auxiliary Chairman:** (Please Print)

Name:  Name: 

Address:  Address: 

City/State/Zip Code: City/State/Zip Code:

 

Phone #:  Phone #: 

Email:  Email: 