HOSPITAL

2024-2025 Year End Report

Submit 2 Copies To Your District President by March 31, 2025

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 host or co-host with your VFW Post at any VA and/or non-VA

 Medical facility? ­­­\_\_\_\_\_

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

**MINNESOTA ONLY**

6. Describe your best hospital project including pictures and documentation. (Example:

 sewing, valentines, parties, or other projects) \_\_\_\_\_

7. Total number of hours spent on Hospital projects not done in a VA or other

 Hospital. (Sewing or projects done for hospitals) \_\_\_\_\_

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

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

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

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_