Hospital 2017-2018
Year-End Report

Submit to Judith Hutchison, Department Chairman by April 15, 2018
Mail to: RR 72 Box 293, Norwood, MO 65717  Phone: (417) 250-1342

Auxiliary Name: ________________________________________________________________

Auxiliary #: _________ District #: ____ Membership Group: ________

1. Number of auxiliary members volunteering in ALL VA facilities and Non-VA facilities _______ Total Hours: ________________

2. Number of NEW volunteers recruited. Adults: ____________ How did you recruit them? _____________________________________
   Youth: _______How did you recruit them? _____________________________________
   ______________________________________
   ______________________________________
   ______________________________________

3. Number of times your auxiliary sponsored/conducted an event or activity in a medical facility. _________ Explain what you did during these events at a Medical Facility__________________________
   ______________________________________
   ______________________________________

4. Total amount spent on all Hospital Projects $_______________
   Amount you sent in to the Department Hospital Fund? $________

5. How many applicants were submitted to the Department for the Outstanding Hospital Volunteer of the Year Award on time and on the appropriate form? ___

6. How did your auxiliary promote Military Suicide Awareness? _________________
   ______________________________________
   ______________________________________
7. Did your auxiliary recognize Hospital volunteers throughout the year? ______
How?________________________________________________________________________
____________________________________________________________________________

8. How did your auxiliary use publicity and/or media to recruit volunteers and involve the community? ________________________________________________
____________________________________________________________________________

9. Did your auxiliary participate in “The Many Faces of Hospital Volunteers”? ___
Explain how your auxiliary participated: _________________________________________

10. How many members were presented the Auxiliary Hospital Pins this year? ___

11. Did your auxiliary conduct/participate in Volunteer recognition events? ___

12. Did your auxiliary volunteer for the Veterans Voices Writing Project? ______
____________________________________________________________________________
Gave a monetary donation? ______

13. Did your auxiliary send the name of a youth volunteer that volunteered in a VA Medical Center to the Department chairman for the James H. Parke Memory Youth Scholarship Award? __________

Signed______________________________________________________________________
VFW Auxiliary Chairman

Print Name __________________________________________________________________
VFW Auxiliary Chairman

Address ______________________________ City __________
State _________Zip_________

Phone Number ( ) ________________ Email ______________________________________

If extra space is needed please use a separate piece of paper and make sure to label with the number of question you are answering.