



## Hospital Program

### 2025-2026 Report Form

Cynthia Davis, PDP Dept. Chairman

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Auxiliary \_\_\_\_\_ District \_\_\_\_\_ Chairman \_\_\_\_\_

Reporting Period: From \_\_\_\_\_ To \_\_\_\_\_

**This month - Hours \_\_\_\_\_ Projects Cost \$ \_\_\_\_\_ Mileage \_\_\_\_\_ Volunteers # \_\_\_\_\_**

Number of Auxiliary members that volunteered at any VA and/or non-VA medical facility (Auxiliary member to be counted one time only per year) : Number of Volunteers # \_\_\_\_\_

Total number of hours that Auxiliary members volunteered and any VA and/or non-VA medical facility. Hours # \_\_\_\_\_

Total number of hours that Sponsored Volunteers and/or students volunteered under the your auxiliary sponsorship and/or supervision of your auxiliary. Hours # \_\_\_\_\_

Did your Auxiliary host or co-host any activity with their VFW Post at any VA and/or non-VA medical facility?

	Yes	No
Honors Escort		
National Salute to Veteran Patients- Valentines for Veterans		
Veterans Health Care (VHA)		
Women Veterans Health Care Program		
Other (Bingo, pizza party, etc) Please describe below		

Did your auxiliary recognize hospital volunteers? # \_\_\_\_\_ of Hospital Appreciation Certificates

# \_\_\_\_\_ of Hospital Volunteer Pin Presented

Hospital Treat donation amount \$ \_\_\_\_\_ Hospital Fund donation amount \$ \_\_\_\_\_

Other projects or activities (use additional sheet if necessary):