



Hospital

2026 - 2027 Report Form

Rhonda Thomas, Department Chairperson

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Auxiliary _____ District _____ Chairman _____

Reporting Period: From _____ To _____

This month - Hours _____ Projects Cost \$ _____ Mileage _____ Volunteers # _____

Hospital Volunteers - VA and non VA Medical Facility: Number of Volunteers # _____ Hours # _____

New Hospital Volunteers Recruited Adults # _____ Youth # _____

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

_____ of Hospital Volunteer Pin Presented

Total number of hours that Sponsored Volunteers and/or students volunteered under your auxiliary sponsorship and/or supervision at any VA and/or non VA medical facility. # _____

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

Honors Escort Yes _____ No _____

National Salute to Veteran Patients- Valentines for Veterans Yes _____ No _____

Veterans Health Care (VHA) Yes _____ No _____

Women Veterans Health Care Program Yes _____ No _____

Did your Auxiliary promote, participate in or co-host with your VFW Post, any of the activities below?

Honors Escort Yes _____ No _____

National Salute to Veteran Patients- Valentines for Veterans Yes _____ No _____

Veterans Health Care (VHA) Yes _____ No _____

Women Veterans Health Care Program Yes _____ No _____

Hospital Treat donation amount \$ _____ Hospital Fund donation amount \$ _____

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