

Auxiliary Hospital Report Form – 2024-2025

Number of volunteers that volunteered at any VA and/or non VA Medical Facility. (Auxiliary member to be counted only one time per year,) _____

What did your auxiliary do to recruit hospital volunteers? _____

Total number of hours that Auxiliary members volunteered at any VA or nonVA medical facility. _____

How many reports did your auxiliary make to your Post for the Community Activities Report? _____

What did your auxiliary do for Valentines for Veterans? _____

Total Number of hours that Sponsored Volunteers and/or students volunteered under VFW Auxiliary sponsorship and supervision at any VA and or nonVA medical facility. _____

How many projects did your Auxiliary host or co-host with your Post at VA or nonVA medical facilities? _____

What did your auxiliary do to support Women's Health Care? _____

What did your auxiliary do to facilitate the Honors Escort? _____

Total dollar amount spent on all Hospital related items and/projects. _____

Of all the things that you did this year to accomplish the goals of the hospital program what was the most memorable? _____

Please, feel free to continue you report on the reverse side.

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