

VETERANS OF FOREIGN WARS AUXILIARY  
DEPARTMENT OF CONNECTICUT

HOSPITAL REPORT FORM

2021-2022



Chairperson: Virginia Livernoche – P.O. Box 228 – Quinebaug, CT 06262

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Please attach a chronological list of all activities your auxiliary did on this program that includes: Date, Activity, # of Members, Hours and Cost/Value.

1. Number of Auxiliary members volunteering in ANY VA and/or non-VA medical facility. \_\_\_\_\_ Number of hours \_\_\_\_\_
2. Number of new volunteers recruited. Adults \_\_\_\_\_ Youth \_\_\_\_\_
3. Did your Auxiliary recognize volunteers by:  
Presenting Hospital Volunteer Appreciation Certificates? \_\_\_\_\_  
Presenting Hospital Volunteer Service Pins? \_\_\_\_\_  
Hosting a volunteer recognition event? \_\_\_\_\_
4. Did your Auxiliary sponsor/conduct an event or activity in ANY VA and/or non-VA medical facility? \_\_\_\_\_
5. Did your Auxiliary participate in or educate VA and/or non-VA medical facilities about the Honors Escort Program? \_\_\_\_\_
6. Did your Auxiliary participate in:  
National Salute to Veteran Patients Week? \_\_\_\_\_  
Host a "Valentines for Veterans" party or event on-site at ANY VA and/or non-VA medical facility? \_\_\_\_\_  
Deliver and/or send valentines to veteran patients? \_\_\_\_\_
7. Did your Auxiliary host or participate in events for Women Veterans Health? \_\_\_\_\_
8. Total amount spent on all Hospital projects. \$ \_\_\_\_\_

Auxiliary Name & Number \_\_\_\_\_

Division # \_\_\_\_\_ District # \_\_\_\_\_

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_