

Hospital Program Report Form Year 2023-2024

REMEMBER THESE ARE SUGGESTIONS, YOU DO NOT HAVE TO DO ALL OF THESE AT ONCE. EVEN ONE EVENT IS A REPORT.

Auxiliary Number: _____ Date: _____
Auxiliary President: _____
Auxiliary Chairman: _____
Chairman Phone: _____ Chairman Email: _____

If you need additional space, feel free to add extra pages if necessary. BE SURE TO INCLUDE COPIES OF CHECKS, PICTURE, NEWS ARTICLES, OR ANY OTHER DOCUMENTATION.

1. Did your Auxiliary members volunteer in any VA and /or non-VA medical facility?

VA _____ non-VA _____ Nursing Home _____
rehab _____ other _____.

Total Volunteers _____ Total Hours _____ Money spent _____ Miles _____

2. Did your Auxiliary recruit any new Volunteers? # Adults _____ # Youth _____

3. Did Your Auxiliary use media to recruit Hospital Volunteers? What media used?

TV _____ Radio _____ Newspaper _____ Social media _____ Fliers _____

4. Did your Auxiliary recognize Volunteers in the following ways?

Hospital Volunteer Appreciation Certificates: Yes _____ No _____ Total Presented _____

Hospital Volunteer Service Pin: Yes _____ No _____ Total Presented _____

Hospital Volunteer Recognition Event: Yes _____ No _____ Total Presented _____

Total Volunteers: _____ Total Hours _____ Money Spent _____ Miles _____

5. Did your Auxiliary submit to the Department for the Outstanding Hospital Volunteer of the Year award? Yes _____ No _____ Number Submitted _____

Total Volunteers _____ Total Hours _____ Money Spent _____ Miles _____

6. Did your Auxiliary participate in the Honors Escort Program?

Yes _____ NO _____ Number submitted _____

Total Volunteers _____ Total Hours _____ Money spent _____ Miles _____

7. Did your Auxiliary use the Hospital Program Guide ? Yes _____ No _____

8. Did your Auxiliary Participate or sponsor an event or activity in any VA and/or non-VA medical Facility? Yes _____ No _____

Describe _____

Total Volunteers _____ Total Hours _____ Money spent _____ Miles _____

9. Did your Auxiliary participate in the National Salute to Veterans Patients week?

Yes _____ NO _____

Did your Auxiliary host a "Holiday for Veterans" party/event on site at any VA/non-VA Medical Facility? Yes _____ No _____ Total # _____

Did your Auxiliary send/deliver Cards to Veteran Patients? Yes _____ No _____

Total # Cards _____

Total Volunteers _____ Total Hours _____ Money spent _____ Miles _____

10. Did your Auxiliary educate members about the VA'S women Veterans Health Care Program? Yes _____ No _____ # Participated _____.

11. Did your Auxiliary host or participate in an event for Women Veterans Health?

Yes _____ No _____ Describe: _____

Total Volunteers _____ Total Hours _____ Money Spent _____ Miles _____

Total for this report (PLEASE ADD UP THE TOTALS FROM PAGE ONE AND TWO AND PLACE THE TOTAL BELOW)

Total Volunteers _____ Total Hours _____ Money Spent _____ Miles _____

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