

HOSPITAL REPORT FORM

1. Number of auxiliary members that volunteered at any VA and/non-VA medical facility:
(VFW Auxiliary members to be counted once each year.) #_____
2. Number of hours that non-members/students/youth volunteered under the VFW Auxiliary supervision at any VA/non-VA medical facility: #_____
3. Total number of hours: #_____
4. Total Milage: #_____
5. Did you promote, participate in, host, or co-host any hospital activities in any VA/non-VA medical facility? Describe:
6. Total amount spent on all Hospital Program related items and/or projects: \$_____
7. If a hospital activity or event is not covered by the above questions, give a brief description:

Auxiliary #: _____ District #: _____ Group #: _____

Chair: _____ Email: _____

Phone #: _____ President: _____

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