# HOSPITAL REPORT FORM

Date of Report: _____

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 hours that-members/students/youth volunteered under the VFW Auxiliary supervision at any VA/non-VA medical facility. #____

3. Total number of hours #____

4. Total Mileage: #____

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, please give a description:

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

Chairperson: _____ Email: _____

Phone: _____ President:_____

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