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Hospital Program 2022-2023 Report Form

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 for any section, feel free to add extra pages if necessary. BE SURE TO INCLUDE COPIES OF CHECKS, PICTURES, 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 was 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 Pins 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?

Describe _____

Total Volunteers _____ Total Hours _____ Money Spent _____ Miles _____

9. Did your Auxiliary participate in National Salute to Veterans Patients' Week?

Did your Auxiliary host a "Holiday for Veterans" party/event on site at any VA/non-VA medical Facility? Total # _____

Did your Auxiliary send/deliver Cards to Veteran Patients? Total # Cards _____

Total Volunteers _____ Total Hours _____ Money Spent _____ Miles _____

10. Did your Auxiliary educate members about the VA's Women Veterans Health Care Program? # Participated _____

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

Describe _____

Total Volunteers _____ Total Hours _____ Money Spent _____

Miles _____

Totals for this report (Please add up the above numbers and place total below)

Total Volunteers _____ Total Hours _____ Money Spent _____

Miles _____

Descriptions and explanations requested. Use extra pages if necessary.