

Auxiliary: \_\_\_\_\_ Date \_\_\_\_\_

Auxiliary Chair: \_\_\_\_\_

*If you need additional space for any area, please feel free to use the back of this form or attach a sheet. **Be sure to include any check copies, 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 \_\_\_\_\_ Newspapers \_\_\_\_\_ 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 \_\_\_\_\_  
Hosted a 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 Escourt 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 "Valentines for Veterans" party/event on-site at any VA/non-VA Medical Facility? Total # \_\_\_\_\_

Did your Auxiliary send/deliver valentines to Veteran patients? Total # Valentines \_\_\_\_\_

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 events for Women Veterans Health?**

Describe: \_\_\_\_\_

Total Volunteers: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Money Spent \_\_\_\_\_ Miles \_\_\_\_\_

**Totals for this report:** (Please add up the above numbers and place totals below.)

Total Volunteers: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Money Spent \_\_\_\_\_ Miles \_\_\_\_\_