

Name of Auxiliary _____ Aux. # _____ District _____

Auxiliary Chairman: _____ Phone # _____

1. How many of you Auxiliary members volunteered in **ANY** VA and or non-VA medical facility? (Auxiliary member to be counted one time only per year)

Number of Volunteers: _____

2. Total number of hours that Auxiliary members volunteered in any VA and or non-VA Medical Facility.

Total Number of Hours Volunteered: _____

3. Total Number of hours that Sponsored Volunteers or Students volunteers under the VFW Auxiliary sponsorship and supervision at any VA and or Non-VA medical Facility?

Total Number of Hours Volunteered: _____

4. Did you Auxiliary promote, participate, or host any activity listed below?

- Honors Escort: Yes _____ No _____
- National Salute to Veterans Patient-Valentines for Veterans: Yes _____ No _____
- Veterans Health Care: Yes _____ No _____
- Women's Veterans Health Cre Program: Yes _____ No _____

Please explain how you participated in the above programs.

5. Did you Auxiliary promote, participate, or host any activity listed below with your VFW Post?

- Honors Escort: Yes _____ No _____
- National Salute to Veterans Patient-Valentines for Veterans: Yes _____ No _____
- Veterans Health Care: Yes _____ No _____
- Women's Veterans Health Cre Program: Yes _____ No _____

Please explain how you participated in the above programs.

6. Total amount spent on all Hospital Projects? _____

7. Did your Auxiliary celebrate Non-Traditional Holidays with our Veterans? Yes _____

No _____

What did your Auxiliary do to celebrate Non-Traditional Holidays?

Please use additional sheets of paper to explain all that you did.

Cc: District President
Auxiliary President

Signature: _____