Hospital

# 2019-2020 YEAR-END REPORT

## SUBMIT TO YOUR DEPARTMENT CHAIRMAN BY APRIL 10, 2020

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| --- |
| Auxiliary Name Aux #\_\_\_\_\_\_\_ |

1. Number of VFW Auxiliary members that volunteered in ANY medical VA facility and/or non-VA medical facility:

Number of Volunteers Total Hours \_\_\_\_\_\_\_\_

2. Number of **NEW** volunteers recruited. Adults Youth \_\_\_\_\_\_\_

3. Did your Auxiliary sponsor/conduct an event or activity in ANY VA or non-VAfacility? \_\_\_\_\_\_\_

If so what did you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Total amount spent on all Hospital projects: $\_\_\_\_\_\_\_

5. Did your Auxiliary submit an applicant to the Department for the Outstanding Hospital

Volunteer of the Year Award? \_\_\_\_\_\_\_\_

6. How did your Auxiliary promote Suicide Prevention and Mental Health Awareness: \_\_\_\_\_\_\_\_\_\_\_\_

1. How did your Auxiliary recognize volunteers throughout the year:

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1. How did your Auxiliary use publicity and/or media to recruit volunteers and involve the community?

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1. Did your Auxiliary present Hospital Volunteer Service Pins to members: \_\_\_\_\_\_\_\_
2. Did your Auxiliary conduct /participate in volunteer recognition events: \_\_\_\_\_\_\_\_
3. Did your Auxiliary participate in the Veterans Voices Writing Project? \_\_\_\_\_\_\_\_

subscribing to the magazine \_\_\_\_ making a donation \_\_\_\_ volunteering with the program\_\_\_\_

1. Did your Auxiliary use the Hospital Program Guide? \_\_\_\_\_\_\_\_
2. Did you Auxiliary promote the VA Office of Research and Development? \_\_\_\_\_\_\_\_

Signed

Address

City

State

Zip

E-mail

Phone Number (

)

Auxiliary Chairman

Auxiliary President

SUBMIT TO: Patti Tuff

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