

# Hospital

## Year-End Report Worksheet

This form is for statistical purposes only.  
Department Chairman must submit this report form to their Department President by May 1.  
Report to be processed in MALTA by May 10.

Department: \_\_\_\_\_ Number of participating Auxiliaries: \_\_\_\_\_

1. Number of Auxiliary members that volunteered at any VA and/or non-VA medical facility.  
(Auxiliary member to be counted one time only per year.)
2. Total number of hours that Auxiliary members volunteered at any VA and/or non-VA medical facility.
3. Total number of hours that Sponsored Volunteers and/or students volunteered under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility.
4. Number of Auxiliaries that promoted, participated or hosted any activity listed below.
  - Honors Escort
  - National Salute to Veteran Patients-Valentines for Veterans
  - Veterans Health Care (VHA)
  - Women Veterans Health Care Program
5. Number of Auxiliaries that promoted, participated or co-hosted with their VFW Post, any activity listed below.
  - Honors Escort
  - National Salute to Veterans Patients-Valentines for Veterans
  - Veterans Health Care (VHA)
  - Women Veterans Health Care Program
6. Total dollar amount spent on all Hospital Program related items and/or projects.