

VFW Auxiliary National Year-End Report Worksheet Hospital 2025-2026

This form is for statistical purposes only.

The Department Chairman must submit this report form to their Department President by May 1.

This report is to be processed in MALTA by the Department President by May 10.

Department: _____ Number of participating VFW Auxiliaries: _____

1. The number of VFW Auxiliary members that volunteered at any VA and/or non-VA medical facility. (VFW Auxiliary members to be counted one time only per year.) _____

2. The total number of hours that VFW Auxiliary members volunteered at any VA and/or non-VA medical facility. _____

3. The 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. The number of VFW Auxiliaries that promoted, participated in or co-hosted any activity with their VFW Post. _____

5. The total dollar amount spent on all Hospital Program-related items and/or projects. _____

Department Chairman signature: _____

Date: _____ Conference: _____