

VFW Auxiliary National Year-End Report Worksheet Hospital 2024-2025

This form is for statistical purposes only.

The Department Chairman must submit this report form to their Department President by May 1.
This report to be processed in MALTA by the Department President 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, hosted or co-hosted any activity with or without their VFW Post. _____

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

Department Chairman signature: _____

Date: _____ Conference: _____