

Mail to Department Chairman:

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Hospital Report Form 2021-22

Alhambra, IL 62001

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Auxiliary # \_\_\_\_\_ District # \_\_\_\_\_ Date \_\_\_\_\_

Chairman Name: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone: \_\_\_\_\_

1. Number of Auxiliary members participating \_\_\_\_\_
  - a. Total number of hours worked \_\_\_\_\_
  - b. Total number of miles \_\_\_\_\_
  - c. Total value of dollars spent \_\_\_\_\_
2. New volunteers recruited:
  - a. Number of new adult volunteers recruited: \_\_\_\_\_
  - b. Number of new youth volunteers recruited: \_\_\_\_\_
3. Did you recognize volunteers by presenting Hospital Volunteer Appreciation Certificates? Yes/No
4. Did you recognize volunteers by presenting Hospital Volunteer Service Pins? Yes/No
5. Did you recognize volunteers by hosting a volunteer recognition event? Yes/No
6. Did you sponsor/conduct an event or activity in ANY VA and/or non-VA medical facility? Yes/No
7. Did you participate in or educate VA and/or non-VA medical facilities about the Honors Escort Program? Yes/No

8. Did you participate in the National Salute to Veteran Patients Week? Yes/No
9. Did you host a “Valentines for Veterans” party or event on-site at ANY VA and/or non-VA medical facility? Yes/No
10. Did you deliver and/or sent valentines to veteran patients? Yes/No
11. Did you host or participate in events for Women Veterans Health? Yes/No
12. Blood Drive @ \$65.00 per pint
  - a. Date of Blood Drive \_\_\_\_\_
  - b. Total non/members participating: \_\_\_\_\_
  - c. Total Hours: \_\_\_\_\_
  - d. Number of pints: \_\_\_\_\_
  - e. Total Value: \_\_\_\_\_