

Mail to Department Chairman:

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HOSPITAL

REPORT FORM 2023-2024

Online reporting at vfwauxiliaryil.org

Auxiliary # _____ District # _____ Date _____

Chairman Name _____

Email _____ Phone _____

1a. Number of **Auxiliary members** volunteering in **ANY** VA and/or non-VA medical facility

(An Auxiliary member may be counted only one time per year.):

1b. **Total number of hours volunteered** by Auxiliary members in **ANY** VA and/or non-VA medical facility:

2a. Number of **new adult** volunteers recruited:

2b. Number of **new youth** volunteers recruited:

2c. Total **hours** that sponsored volunteers and/or students volunteered under VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility:

3. Did your Auxiliary promote, participate in or host any of the following activities:

(Place an "X" in all appropriate boxes)

HONORS ESCORT	NATIONAL SALUTE TO VETERAN PATIENTS	VALENTINES FOR VETERANS	VETERANS HEALTH CARE (VHA)	WOMEN VETERANS HEALTH CARE PROGRAM

4. Did your Auxiliary promote, participate in or co-host with your VFW Post any of the following activities:

(Place an "X" in all appropriate boxes)

HONORS ESCORT	NATIONAL SALUTE TO VETERAN PATIENTS	VALENTINES FOR VETERANS	VETERANS HEALTH CARE (VHA)	WOMEN VETERANS HEALTH CARE PROGRAM

Statistical Data: (This section pertains only to the projects for **THIS** report and must be completed on **EVERY** report form.)

Total Number Projects _____	Total Members Participating _____	Total Hours _____	Number of Miles _____	Total Dollars Spent _____
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Please provide any additional information/details to the Department Chairman on another sheet of paper.