

VETERANS OF FOREIGN WARS AUXILIARY
HOSPITAL YEAR-END REPORT
2023-2024

Aux. Name _____ Aux.Number _____ District _____ City _____

1. Number of members volunteering in ALL facilities and non-VA medical facilities: _____
Total numbers of hours _____
2. Number of NEW volunteers: **Adult** _____ **Youth** _____
3. Total number of hours that your Auxiliary sponsored Volunteers and/or students volunteered under the VFW Auxiliary sponsored and supervision at and VA and/ non-medical facility. _____
4. Did your Auxiliary **promote, educate, participate, or host** any activity listed below:
 - Honors Escort: Yes _____ No _____
 - National Salute to Veterans Patients-Valentines for Veterans: Yes _____ No _____
 - Veterans Health Care (VHA), Crisis Line, and or 72-hour VA emergency care number
Yes _____ No _____
 - Women Veteran Health Care Program and/or Crisis Line: Yes _____ No _____
5. Did your Auxiliary **promote, educate, participate, or co-host** with your VFW Post any activity listed below:
 - Honors Escort: Yes _____ No _____
 - National Salute to Veterans Patients-Valentines for Veterans Yes _____ No _____
 - Veterans Health Care (VHA): Yes _____ No _____
 - Women's Veterans Health Care Program and/or crisis Line: Yes _____ No _____
6. Did your Auxiliary sponsor an event that recognizes Veterans on a Non-traditional Holiday.
Yes _____ No _____
7. Total dollar amount spent on all Hospital Program related items and or/projects. \$ _____

PLEASE COMPLETE AND MAIL TO YOUR **DISTRICT PRESIDENT** SO HE/SHE HAS IT BY APRIL 1, 2024

Auxiliary President _____ Auxiliary Hospital Chairman _____
Signature Signature

Karen Johnson
Department Hospital Chairman

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