

WI VFW Auxiliary Year-End Report Worksheet

2024-2025 Hospital Report

REPORT YOUR RESPONSES AS INDICATED ON THE INSTRUCTION SHEET, IF YOU PARTICIPATED IN THIS PROGRAM.

Auxiliary #: _____

District #: _____

Auxiliary Name: _____

City: _____

Submitter's Email Address: _____

At your Auxiliary:

1. How many of your members volunteered at any VA and/or non-VA medical facility. (Each 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. Did your Auxiliary promote, participate, host or co-host any activity with Yes or No or without their VFW Post.
5. Total dollar amount spent on all Hospital Program-related items and/or projects. \$ _____

Hospital Chair Signature: _____