

**Hospital & VAVS Report Form
2011 – 2012**

Reporting Period May 1, 2011 – April 30, 2012

District _____ Auxiliary _____ Person Reporting _____
(Please Print)

Dates Covered FROM _____ TO _____

BANNER REQUIREMENT: \$40 sent to Department Treasurer earmarked Hospital & VAVS
Date _____ Check Number _____ Amount _____

Other Hospital Donations: _____
(Please Describe)

AUXILIARY MEMBERS VOLUNTEERING AT VA MEDICAL CENTERS, COMMUNITY LIVING CENTERS, COMMUNITY BASED OUTPATIENT CLINICS:

Number of volunteers _____ Total hours _____ Total miles _____ Monetary value _____

AUXILIARY MEMBERS VOLUNTEERING IN OTHER MEDICAL FACILITIES, NURSING HOMES, ASSISTED LIVING, THERAPY CENTERS, OUTPATIENT AND SATELITTE CLINICS:

Number of volunteers _____ Total hours _____ Total miles _____ Monetary value _____

NUMBER OF AUXILIARY-SPONSORED NON-MEMBERS VOLUNTEERING IN VA MEDICAL CENTERS, COMMUNITY LIVING CENTERS, COMMUNITY-BASED OUTPATIENT CLINICS:

Number of volunteers _____ Total hours _____ Total miles _____ Monetary value _____

NUMBER OF NEW VOLUNTEERS RECRUTED:

Regularly scheduled _____ Occasional _____ Youth _____

NUMBER OF AUXILIARY HOMEBOUND MEMBERS MAKING HOMEMADE ITEMS FOR ALL MEDICAL FACILITIES: _____

NUMBER OF YOUTH GROUPS, SCHOOLS OR OTHER ORGANIZATIONS PARTICIPATING IN MAKING CARDS, GIFTS AND VISITS: _____ Monetary value _____

DID YOUR AUXILIARY PARTICIPATE OR VOLUNTEER WITH A BLOOD BANK:

Yes ___ No ___ Number of volunteers _____ Total hours _____ Total miles _____ Monetary value _____

DID YOUR AUXILIARY PARTICIPATE IN ONE OF THE FOLLOWING VA SPONSORED EVENTS/ACTIVITIES:

Creative Arts Festival _____ Tee Tournaments _____ Summer Sports Clinic _____ Winter Sports Clinic _____
Veterans Wheelchair Games _____ Valentines for Veterans Concert _____ Golden Age Games _____
National Salute to Veterans _____ Veterans Day Program _____ Memorial Day _____

DID YOUR AUXILIARY SUBMIT AN APPLICATION FOR OUTSTANDING HOSPITAL VOLUNTEER OF THE YEAR: Yes _____ No _____

DID YOUR AUXILIARY SUBMIT AN APPLICATION FOR NAV VOLUNTEER OF THE YEAR: Yes _____ No _____

Please send completed form to: Deborah J. Martin, Hospital Chairman
539 Westwood Drive
Ruckersville, VA 22968
Deb0506@embarqmail.com

Additional paper may be used as needed. All hours, miles and values are to be entered by Auxiliary.