

MONTHLY HOSPITAL REPORT

Month _____, 200_____

Send reports to: Sandra Baker, 718 Senseny Road, Berryville, VA 22611,
Sandbake60@aol.com

VA Medical Center, Nursing Home, Military, Community, and Other Hospital

1. Type of activity _____
2. Number of volunteers ____ 3. Number of hours at the facility (No. of
volunteers x hours each) _____ 4. Miles traveled _____
5. Number of volunteers making or shopping for donated items _____
6. Estimated value of items _____ 7. Hours spent making or shopping
for donated items _____
8. Describe your function or activity _____

Auxiliary sponsored non-members in any of the above facilities

1. Number of volunteers _____ 2. Number of hours at the facility _____
3. Number of volunteers making or shopping for donated items _____
4. Value of donated items _____ 5. Miles traveled _____
7. Where the activity was held _____
8. Describe your activity _____

Recruitment of Volunteers

Describe your Auxiliary's efforts to recruit volunteers—youth and others. _____

Auxiliary President _____ **District #** _____ **Auxiliary #** _____

Auxiliary Hospital Chairman _____

