

VETERANS OF FOREIGN WARS AUXILIARY
HOSPITAL
2021 - 2022 YEAR-END REPORT

Aux. Name _____ Aux. Number _____ District No. _____ City _____

1. Number of members volunteering in ALL medical VA facilities and non-VA medical facilities: _____
Total number of hours: _____
2. Number of NEW volunteers: Adult _____ Youth _____
3. Did you sponsor or conduct an event or activity in **ANY** VA or non-VA facility? **YES** _____ **NO** _____
4. Total amount sent to Lenore for Hospital Projects: \$ _____
5. Did your Auxiliary participate in or educate VA or non-VA medical facilities about the Honors Escort Program? **YES** _____
(explain) _____ **NO** _____
6. Did your Auxiliary Participate in National Salute to Veteran Patients Week? **YES** _____ **NO** _____
Did you host a Valentine's for Veterans Party or event on site at **ANY** VA or non-VA Medical facility? **YES** _____ **NO** _____
Did your Auxiliary sew, deliver or send Valentines to Veteran Patients? **YES** _____ **NO** _____
7. Did you review the Hospital site Wish lists? **YES** _____ **NO** _____ Did you participate, share, and/or review the websites of Available Resources with Veterans, or at meetings? **YES** _____ **NO** _____
8. Did you review the National Hospital Program Guide (National site)? **YES** _____ **NO** _____
9. Did you submit a name for Outstanding Hospital Volunteer of the year? **YES** _____ **NO** _____
10. Did you promote Veteran and Military Suicide Awareness and Prevention/Crisis line/Teardrop? **YES** _____ **NO** _____
11. Do you recognize your volunteers in the following ways:
Do you present Hospital Volunteer Appreciation certificates? **YES** _____ **NO** _____
Do you present Hospital Volunteer Pins to your volunteers? **YES** _____ **NO** _____
Hosted a Volunteer Recognition event? **YES** _____ **NO** _____
12. How do you recruit volunteers? _____
13. Did you participate in the Veterans Voices Writing Project? (For example, subscribing to the magazine, making a donation or volunteering with the program). **YES** _____ **NO** _____
14. Did your auxiliary host or participate in events, for Women Veterans Health? **YES** _____ **NO** _____
Did your Auxiliary educate (hot line #'s, donations, clothing, Facebook, media, VFW Post, community) for Women Veterans' Health? **YES** _____ **NO** _____

PLEASE COMPLETE AND MAIL TO YOUR **DISTRICT PRESIDENT** BY APRIL 1, 2022.

Signed _____
Auxiliary President

Auxiliary Hospital Chairman _____
Signature

Kathie Lendosky
Department Hospital Chairman
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