

Veterans of Foreign Wars Auxiliary

Department of Wisconsin

2017-2018 Hospital Year End Report

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

1. Number of members volunteering in VA Medical Centers, Wisconsin Veterans Homes, and Non-Veterans facilities: _____ Total # of hours: _____
2. Number of new volunteers _____ Number of new youth volunteers _____
3. Total amount spent on all hospital projects: _____
4. Total # of homemade items donated to a medical facility: _____ Non-homemade _____
5. Did you submit a candidate for outstanding Hospital Volunteer of the Year? _____
6. Did you promote Veteran and Military Suicide Awareness? _____
7. Do you recognize your Auxiliary Volunteers? _____
8. How do you recruit volunteers?

9. Did you participate in the Veterans Voices Writing Project? _____ (Subscribing to the magazine, making a donation or volunteering to the program)

Please complete and mail to your District President by April 1, 2018

Madge Murphy, Dept. Hospital Chairman

madgemurphy@charter.net

(608) 754-1230