

VETERANS OF FOREIGN WARS AUXILIARY
HOSPITAL
2019-2020 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: _____ Youth _____
3. Did you sponsor or conduct an event at a VA or non-VA facility? Yes ___ No ___
4. Total amount spent on all Hospital Projects: _____
5. Total number of homemade items donated to a medical facility: _____ Non-homemade items donated to a medical facility: _____
6. Number of homemade items donated to Women Veterans _____ Non-homemade items _____
7. Did you review the Hospital site Wish lists? Yes ___ No ___
Did you review the websites of Available Resources? Yes ___ No ___
Did you participate in or share the Available Resources with Veterans, or at meetings? Yes ___ No ___
8. Did you submit a name for outstanding hospital volunteer of the year? Yes ___ No ___
9. Did you promote Veteran and Military Suicide Awareness and Prevention? Yes ___ No ___ Educate Veterans and Public about Veterans crisis line: www.veteranscrisisline.net 800-273-8255 press 1 or text message 838255? Yes ___ No ___
Did your Auxiliary display or wear the Teardrop located on VFW Auxiliary website www.vfwauxiliary.org? Yes ___ No ___
10. Do you recognize your volunteers? Yes ___ No ___
11. How do you recruit volunteers?

12. Do you present Hospital Volunteer Pins to your volunteers? Yes ___ No ___
13. Do you participate in any Volunteer Recognition Events other than your own? Yes ___ No ___
14. 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 ___
15. Did your auxiliary have the opportunity to Educate the Community on Veteran Research and Health? Yes ___ No ___

PLEASE COMPLETE AND MAIL TO YOUR **DISTRICT PRESIDENT** SO SHE HAS IT BY APRIL 1, 2020.

Kathie Lendosky
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