

Veterans of Foreign Wars Auxiliary

Department of Wisconsin

2018-2019 Hospital Year End Report

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

1. Number of VFWA members and Non-Veterans volunteering in VA Medical Centers, Wisconsin Veterans Homes, and Non-Veterans facilities: _____ Total # of hours: _____
2. Number of new volunteers: adult _____ youth _____
3. Number of Auxiliaries that sponsored/conducted an event or activity in All facilities, both VA and Non VA: _____
4. Total amount spent on all Hospital Projects: _____
5. Number of candidate submitted for outstanding Hospital Volunteer of the Year _____
6. Did you promote Veteran and Military Suicide Awareness? _____
7. Do your Auxiliary recognize Volunteers throughout the year? _____
8. How do your Auxiliary use publicity/media to recruit volunteers and involve to community?

9. Did your Auxiliary present Hospital Volunteer Service Pins to members? _____
10. Did your Auxiliary conduct/participate in volunteer recognition events? _____
11. Did your Auxiliary participate in Community Volunteer Recruitment Weeks? _____
12. 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, 2019

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