



**ANNUAL COMMUNITY SERVICES  
COMMUNITY HOSPITALS AND NURSING FACILITIES REPORT  
(NOT TO BE CONFUSED WITH THE VAVS REPORT)  
Reporting Year 20\_\_ - 20\_\_**

**Unit Number & Name**

**City & State**

**COMMUNITY SERVICES**

List Community Service Agencies to which your Unit has donated funds or goods. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total amount donated \$ \_\_\_\_\_ Type of goods donated \_\_\_\_\_

Number of family's assisted \_\_\_\_\_ or single Veteran(s) \_\_\_\_\_ How were they assisted? \_\_\_\_\_

\_\_\_\_\_

How are funds raised to assist Veterans & their families? \_\_\_\_\_

\_\_\_\_\_

How does the Unit acknowledge our "Senior Hero" Veterans? \_\_\_\_\_

\_\_\_\_\_

**COMMUNITY HOSPITALS AND NURSING FACILITIES (ADD ADDITIONAL SHEETS IF NEEDED)**

Name of Community Hospital or Nursing Facility	Number of Auxiliary Volunteers	Number Other Volunteers	Total No. Visits	Total No. Hours	Total Round Trip Mileage

How many functions were given at hospitals and/or nursing facilities? \_\_\_\_\_ Types of functions \_\_\_\_\_

\_\_\_\_\_

Amount spent for items donated & entertainment at hospital and/or nursing facilities? \$ \_\_\_\_\_

\_\_\_\_\_

UNIT PRESIDENT

DATE

UNIT CHAIRPERSON

**INSTRUCTIONS: PLEASE USE BLACK INK TO COMPLETE ALL FORMS**

- 1) Types of items purchased may include stamps, stationary, toiletries, socks, tissues, bed & lap covers, magazines, fruit, candy, gum, cards, cookies, ice cream etc. (To be reported at actual costs)
- 2) Cash valuation is allowed for NEW items only and the cost of sponsoring a party.
- 3) DO NOT put a cash valuation on volunteer services, count only the hours of volunteer services given.

Make three copies of this report. Send original to the National Chairperson no later than May 15<sup>th</sup>. (name & address can be found in the PH magazine). This report may also be emailed. Keep one copy for your Unit and provide one copy to your Department.