

VETERANS OF FOREIGN WARS AUXILIARY  
HOSPITAL  
2020-2021 YEAR-END REPORT

Auxiliary Name: \_\_\_\_\_ Aux. Number \_\_\_\_\_ District No. \_\_\_\_\_ City \_\_\_\_\_

1. Number of members **volunteering** in ANY medical VA facilities and non- VA medical facilities: \_\_\_\_\_  
Total number of hours: \_\_\_\_\_ Number of **NEW volunteers**: Adult \_\_\_\_\_ Youth: \_\_\_\_\_
2. **Total amount spent on Hospital Projects** (sent to Lenore) \_\_\_\_\_
3. Did you present a program for the **National Salute to Veteran Patients during week of Valentine's Day, 2021**?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Did you send Valentine's day cards, letters, educate on VA Medical center, arrange for Drive throughs or educate the community during National Salute to Veteran Patients week? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Did you review the **Hospital site Wish lists**? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Does your Auxiliary use the **Hospital Program Guide on National site**? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Did you promote the **Veteran and Military Suicide Awareness and Prevention**? Yes \_\_\_\_\_ No \_\_\_\_\_  
How did you promote?
8. Did you educate Veterans and the public about the Veterans Crisis line? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Did your Auxiliary display or wear the "Teardrop"? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Did you **educate your members and community on the resources available to Women veterans**? Call Center (855-VA-WOMEN – 855-829-6636)? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Did you educate members and community on Women's health care programs? Yes \_\_\_\_\_ No \_\_\_\_\_
12. What media was used **to recruit Hospital volunteers**? (Check all that apply)  
TV \_\_\_\_\_ Radio \_\_\_\_\_ Newspapers \_\_\_\_\_ Facebook/Social Media \_\_\_\_\_ Fliers \_\_\_\_\_
13. Did your Auxiliary **submit to Department for the Outstanding Hospital Volunteer** of the Year Award? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Does your Auxiliary recognize volunteers in the following ways?  
Presented Hospital Volunteer Appreciation Certificates? Yes \_\_\_\_\_ No \_\_\_\_\_  
Presented Hospital Volunteer Service Pins? Yes \_\_\_\_\_ No \_\_\_\_\_  
Hosted a volunteer recognition event? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Did you participate in the **Veterans Voices Writing Project**? (For example, subscribing to the magazine, make a donation or volunteering with the program) Yes \_\_\_\_\_ No \_\_\_\_\_
16. Did your Auxiliary review in Hospital resources how to educate the Community on Veteran Research and Development?  
Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE COMPLETE AND MAIL TO YOUR **DISTRICT PRESIDENT** SO SHE/HE HAS IT **BY APRIL 1, 2021**

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