

HOSPITAL & VAVS YEAR-END REPORT 2011-2012

(Must be received by Department Chairman by April 15, 2012)

Department Chairman

Gail Cihlar
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Auxiliary Name: _____
Auxiliary Number: _____
Auxiliary Quota: _____

1. Number of Auxiliary members volunteering in VA Medical Centers, community living centers, community based outpatient clinics. Number of Volunteers _____ Total Hours _____
2. Number of Auxiliary members volunteering in other medical facilities, nursing homes and assisted living, therapy centers, outpatient and satellite clinics. Number of Volunteers _____ Total Hours _____
3. Number of Auxiliary-sponsored non-members volunteering in VA Medical Centers, community living centers, community-based outpatient clinics. Number of Volunteers _____ Total Hours _____
4. Number of new volunteers recruited. Regularly Scheduled _____ Occasional _____ Youth _____
5. Did your Auxiliary make donated items for medical facilities and nursing homes? _____ Number of volunteers: _____ Total hours: _____ Amount/Value: _____
6. Did your Auxiliary sponsor/conduct an event or activity? _____
7. Number of youth groups, schools or other organizations participating in making cards, gifts and visits? _____
8. Number of applicants submitted to the Department Chairman for the Outstanding Hospital Volunteer of Year Award. _____
9. Number of applicants nominated for the NAV Volunteer of the Year _____

(Please use additional paper as needed)

Total Projects For this report	Number of Members Participating	Total Hours Worked	Total Number Of Miles	Total Value or Dollars Spent

Auxiliary Chairman Name: _____
Address: _____
City, State _____ Zip Code: _____
Phone Number: _____