

HOSPITAL/VAVS
MID-YEAR REPORT
(July 2021 – December 2021)

MAIL THIS REPORT TO YOUR DISTRICT PRESIDENT BY DECEMBER 10, 2021
DISTRICT PRESIDENT MAIL TO DEPARTMENT CHAIRMAN BY DECEMBER 20, 2021

AUXILIARY NAME _____ **NUMBER** _____ **DISTRICT** _____

1. Number of Auxiliary members volunteering in all VA facilities and non-facilities _____
Total hours worked _____
2. Number of NEW volunteers recruited: Adults _____ Youth _____
3. Did your Auxiliary conduct/participate **in volunteer recognition events**? Yes _____ No _____
4. Did your Auxiliary present **Hospital Volunteer Service pins to members**? Yes _____ No _____
5. Did your Auxiliary present **Hospital Volunteer Appreciation Certificates**? Yes _____ No _____
6. Number of events or activities sponsored/conducted in ANY VA and/or non-VA facility. **Report activities to Department Chairman.** _____
7. Did your Auxiliary participate in or educate VA and/or non-VA medical facilities about the **Honors Escort Program**? **Report activities to Department Chairman.** Yes _____ No _____
8. Did your Auxiliary participate in **Salute to Veterans Patient Week**? Yes _____ No _____
9. Did your Auxiliary host a **“Valentines for Veterans”** party or event **ON-SITE** at any VA and/or non-VA medical facility? **Report activities to Department Chairman.** Yes _____ No _____
10. Did your Auxiliary deliver and/or send Valentines to Veteran patients? **Report activities to Department Chairman.** Yes _____ No _____
11. Total amount spent on all hospital projects? \$ _____
12. Number of applicants submitted for **“Outstanding Hospital Volunteer Award”** _____
13. Number of applicants submitted for **“Outstanding Youth Volunteer Award”** _____
14. Did your Auxiliary host/participate in events for Women Veterans Health? Yes _____ No _____
15. **VAVS – Annual Joint Review (AJR)** completed in November 2021 with a copy to Department Hospital Chairman and to National Headquarters by January 15, 2022. Yes _____ No _____

Proof of all monies and items donated is required. Pictures will count as proof.

Auxiliary Chairman _____ Phone _____
(Please Print)

Email _____

“We Tip Our Hats To Vets”
“Soaring Above & Beyond”