

**HOSPITAL/VAVS  
YEAR-END REPORT  
(July 2023 – April 2023)**

MAIL THIS REPORT TO YOUR DISTRICT PRESIDENT BY April 10, 2024  
DISTRICT PRESIDENT MAIL TO DEPARTMENT CHAIRMAN BY April 20, 2024

**AUXILIARY NAME** \_\_\_\_\_ **NUMBER** \_\_\_\_\_ **DISTRICT** \_\_\_\_\_

1. Number of Auxiliary members volunteering in all facilities and non-VA 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 Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Number of events/activities sponsored/conducted in ANY VA and/or non-VA facility?\*\*\* \_\_\_\_\_
7. Did your Auxiliary participate in or educate VA and/or non-VA Medical facilities about the  
**Honors Escort Program?\*\*\*** 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?\*\*\* Yes \_\_\_\_\_ No \_\_\_\_\_
10. Did your Auxiliary deliver and/or send Valentines to Veteran patients?\*\*\* Yes \_\_\_\_\_ No \_\_\_\_\_
11. Total amount spent on all hospital projects \$ \_\_\_\_\_
12. Number of Non-Traditional Holiday (Special Day) cards \_\_\_\_\_
13. Number of applicants submitted for “**Outstanding Hospital Volunteer Award**” \_\_\_\_\_
14. Number of Applicants submitted for :”**Outstanding Youth Volunteer Award**” \_\_\_\_\_
15. Did your Auxiliary host/participate in events for Women Veterans Health? Yes \_\_\_\_\_ No \_\_\_\_\_
16. VAVS-Annual Joint Review (AJR) completed to November 2023 with a copy to Department  
Hospital Chairman and to National Headquarters by January 15, 2024, Yes \_\_\_\_\_  
No \_\_\_\_\_

**\*\*Report activities to Department Chairman.  
Proof of all monies and items donated is required. Pictures will count as proof.**

Auxiliary Chairman \_\_\_\_\_ Phone \_\_\_\_\_

(Please Print)

Email \_\_\_\_\_

**“Wind Beneath Our Veterans Wings”**