

**HOSPITAL/VAVS
YEAR-END REPORT
(January 2022 – April 2022)**

**MAIL THIS REPORT TO YOUR DISTRICT PRESIDENT BY APRIL 10, 2022
DISTRICT PRESIDENT MAIL TO DEPARTMENT CHAIRMAN BY APRIL 20, 2022**

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”**