

Hospital

2020-2021 YEAR-END REPORT

Electronic Submissions OK

SUBMIT TO HOSPITAL CHAIR MARGIE LINDBERG BY APRIL 15, 2021

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email: margiesvfwaux@yahoo.com

Auxiliary Name: _____ Auxiliary #: _____ Number of Members: _____

1. How many of your **Auxiliary members** volunteered in **ANY** VA and/or non-VA medical facility:
Number of Volunteers: _____

Total Hours: _____

2. Number of **NEW** volunteers recruited by your **Auxiliary**. Adults: _____

Youth: _____

3. Did your **Auxiliary** use and media to recruit Hospital volunteers:

What media was used? (Check all that apply)

TV _____ Radio _____ Newspapers _____ Facebook/Social Media _____ Fliers _____

4. Did your **Auxiliary** recognized volunteers in the any of the following ways:

Presented Hospital Volunteer Appreciation Certificates: _____

Presented Hospital Volunteer Service Pins: _____

Hosted a volunteer recognition event: _____

5. Did your **Auxiliary** submit an application to the Department for the Outstanding Hospital Volunteer of the Year Award:

Yes: _____ No: _____

6. Did your **Auxiliary** use the Hospital Program Guide:

Yes: _____ No: _____

7.* Did your **Auxiliary** sponsor and/or conduct an event or activity in **ANY** VA and/or non-VA medical facility:

Yes: _____ No: _____

8.* Did your **Auxiliary** participate in the National Salute to Veteran Patients Week: Yes: _____ No: _____

Did your **Auxiliary** host a "Valentines for Veterans" party or event onsite at ANY VA and/or non-VA medical facility:

Yes: _____ No: _____

Did your **Auxiliary** deliver and/or send valentine's to veteran patients: Yes: _____ No: _____

9. * Did your **Auxiliary** educate members about the VA's Women's Veterans Health Care Program: Yes: _____ No: _____

10.* Did your **Auxiliary** host or participate in an event for Women's Veterans Health: Yes: _____ No: _____

11. * Total amount spent on all Hospital projects: \$ _____

***Please give expanded details for your answers to numbers 7, 8, 9, 10, and 11 on a separate sheet of paper.**

Signed:

AUX Chair: _____ AUX President: _____

Chair Email: _____

Chair Phone Number: _____