

Name of Auxiliary _____ Aux. # _____ District _____

Auxiliary Chairman: _____ Phone # _____

1. How many of you Auxiliary members volunteered in **ANY** VA and or non-VA medical facility?
Number of Volunteers: _____ Total Number of Hours Volunteered: _____

2. How many **NEW** volunteers did your auxiliary recruit?
Number of Adults: _____ Number of Youth: _____

3. Did your Auxiliary recognize volunteers? _____
Presenting Hospital Appreciation Certificates: _____ Presenting Hospital Volunteer Service Pins: _____
Hosting a volunteer recognition event: _____

Please explain how you recognized volunteers.

4. Did your Auxiliary sponsor and or conduct and event or activity in **ANY** VA and or non-VA medical Facility?
Yes _____ No _____
Please explain what you did.

5. Did you Auxiliary participate or educate **ANY** VA or non-VA facility about the Honors Escort Program?
Yes _____ No _____
Please explain how you participated in the program.

6. Did you Auxiliary participate in National Salute to Veterans week?
Yes _____ No _____

7. Did your Auxiliary host a "Valentines for Veterans event/party onsite at **ANY** VA and or Non-VA Medical Facility?
Yes _____ No _____
Please explain what you did.

8. Did you send or deliver Valentines to Veteran Patients? Yes _____ No _____
How many _____

9. Did you Auxiliary participate in any events for Women Veterans Health?
Yes _____ No _____
Please explain what you did.

10. Did you Auxiliary submit a nomination to the Department for the Outstanding Volunteer of the Year Award?
Yes _____ No _____

11. Total amount spent on all Hospital Projects? _____

Please use additional sheets of paper to explain all that you did.

**Cc: District President
Auxiliary President**

Signature: _____