

District: _____

Auxiliary: _____

Send completed report forms to:

Robin Milewski, Hospital & VAVS Chairman

207 Coinjock Run

Yorktown, VA 23693

HOSPITAL & VAVS Monthly Report Form

Month: _____ Year: _____

***BANNER REQUIREMENT:** \$35 sent to the Department Treasurer (Debbie Martin) earmarked for Hospitals and VAVS. Date: _____ Check #: _____ Amount: _____

VA Medical Centers, Nursing Homes, Community and Other Hospitals

of members volunteering: _____ # of hours spent volunteering: _____

of members making donated items: _____ # of hours making donated items: _____

Value of donated items and donated funds: \$ _____

Auxiliary Sponsored Non-Member Volunteers

of non-member volunteering: _____ # of hours spent volunteering: _____

of non-members making donated items: _____ # of hours making donated items: _____

Value of donated items and donated funds: \$ _____

Auxiliary Members Participating in Hospitalized Veterans Writing Project (or donation to Hospitalized Veterans Writing Project)

of volunteers: _____

of hours spent volunteering: _____

Value of donated funds: \$ _____

of Applications submitted to Department for judging of the NAC Volunteer of the Year Award: _____

****Description of project/event:**

Notice: Reports must be submitted on this form. Auxiliaries must complete hours and values before report is sent in (as the Chairman is unable to estimate).