2007 – 2008

Auxiliary HOSPITAL Report Form

Auxiliary Name	Auxiliary #
Chairman	Date
Name of Hospital, Nursing Home, Clinic, etc	

Please fill in the requested statistics in the blocks below. Describe your activity in full detail at the bottom, use reverse of this form if necessary. It is from this information I will base my judging for Convention Awards.

	NAME/S	HOURS	AMOUNT/VALUE
Auxiliary members volunteering in VA Medical Centers, nursing homes, outpatient clinics, community or other hospitals. (Each member is counted once during the year, her hours are cumulative.) **Use reverse if necessary.**			NA
Auxiliary members making donated items for hospitals and nursing homes. (cakes, ditty bags, wheelchair totes, lap robes, etc)			**Not** from Aux Treasury $
Participated in Hospitalized Veterans Writing program physically or monetarily. (donations)	None in Delaware	NA	$
Auxiliary **sponsored non-member volunteers** in VA Medical Centers, nursing homes, outpatient clinics, community or other hospitals.			NA
Auxiliary **sponsored non-members** making donated items for hospitals and nursing homes.			**Not** from Aux Treasury $
Outstanding Hospital Volunteer nominee submitted		NA	
Outstanding NAC Volunteer nominee submitted		NA	
Auxiliary's Veterans Day Hospital Project	Enter description below	Use top box	$
Promoted Volunteer Program in school	Yes or No		

Description of Activity OR if Hospital Project is none of the above, describe here in full detail.

Auxiliary Funds spent $	If items were donated, estimate value $

NOTE: If you take part in a Department sponsored party, please send the report to me, NOT the individual Hospital Chairman (VA, Delaware Veterans Home, Stockley, Governor Bacon, Delaware Home & Hospital or the Delaware Psychiatric Center).

Edith Bleacher, Dept Hospital Chmn
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