



# Hospital Program



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Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Auxiliary: \_\_\_\_\_

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**Auxiliary Members who volunteer at a VA and/or non VA Medical Facility may be counted **ONE TIME PER YEAR****

## **Volunteering**

Did any Auxiliary members volunteer at a VA or non VA Medical Facility? Yes \_\_\_\_ No \_\_\_\_

Number of members: \_\_\_\_\_ Number of hours volunteered: \_\_\_\_\_

Were there any youth or family members who volunteered? Yes \_\_\_\_ No \_\_\_\_

Number of volunteers: \_\_\_\_\_ Number of hours volunteered: \_\_\_\_\_

Did your Auxiliary participate in any of the following:

*Honors Escort* Yes \_\_\_\_ No \_\_\_\_ Number of volunteers: \_\_\_\_\_ Number of hours volunteered: \_\_\_\_\_

*Valentines for Veterans* Yes \_\_\_\_ No \_\_\_\_ Number of volunteers: \_\_\_\_ Number of hours volunteered: \_\_\_\_

*Women Veterans Health Care* Yes \_\_\_\_ No \_\_\_\_ Number of volunteers: \_\_\_\_ Number of hours volunteered: \_\_\_\_

*Other* \_\_\_\_\_

Number of volunteers: \_\_\_\_\_ Number of hours volunteered: \_\_\_\_\_

## **DONATIONS**

Has your Auxiliary:

Donated to the Department VA Medical Fund? Yes \_\_\_\_ No \_\_\_\_ Amount \_\_\_\_\_

Donated goods/money to any VA or non VA Medical Facility? Yes \_\_\_\_ No \_\_\_\_ Amount \_\_\_\_\_

Is your Auxiliary promoting the *Hospital QR Code*? Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_