



# Hospital

## 2023-2034 Reporting Form

### VFW AUXILIARY, VIRGINIA



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

1. Did your Auxiliary members volunteered at any VA and/or non-VA Medical facility.  
(Auxiliary member to be counted one time only per year.) Yes No
2. Total number of hours that Auxiliary members volunteered at any VA and/or non-VA medical facility. Hours: \_\_\_\_\_
3. Total number of hours that Sponsored Volunteers and/or students volunteered under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility. \_\_\_\_\_
4. Did your Auxiliary that promoted, participated or hosted any activity listed below.
  - Honors Escort Yes No
  - National Salute to Veteran Patients-Valentines for Veterans Yes No
  - Veterans' Health Care (VHA) Yes No
  - Women Veterans Health Care Program Yes No
5. Did your Auxiliary promoted, participated or co-hosted with their VFW Post, any activity listed below.
  - Honors Escort Yes No
  - National Salute to Veterans Patients-Valentines for Veterans Yes No
  - Veterans' Health Care (VHA) Yes No
  - Women Veterans Health Care Program Yes No
6. Total dollar amount spent on all Hospital Program related items and/or projects. \$ \_\_\_\_\_
7. **Outstanding Auxiliary Requirement:** Did your Auxiliary make the \$0.45 per member based on the Auxiliary membership as of June 30, 2023 to the Department Treasurer and complete at least one of the above items? Yes NO

Chairman: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

### Send report to:



### Hospital Chairman:

Dinah Devins Doyle  
3449 Crimson Holly Ln  
Virginia Beach VA 23453-2802  
(757) 560-0493  
[n2runn1@yahoo.com](mailto:n2runn1@yahoo.com)