



VFW Auxiliary Virginia 2026-2027
Hospital Program

Dinah Doyle, Chairman
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Name: _____ Phone: _____

Email: _____

District: _____ Auxiliary _____ Date of Report: _____

1. Number of Auxiliary members that volunteered at any VA and/or non-VA medical facility (VFW Auxiliary members to be counted one time only per year). _____

2. Total number of hours that VFW Auxiliary members volunteered at any VA and/or non-VA medical facility. _____

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 promote, participate in, host or co-hosted any activity with or without your VFW Post? _____

5. Total dollar amount spent on all Hospital Program related items and/or projects.

Comments/Notes: _____

