Hospital Report Form 2019-2020

uxmary #: istrict:						
hairm	an:					
1)	Number of VFW Auxiliary mem	nbers volunteering in ANY VA an Number of Volunteers				
2)	Number of NEW Volunteers	Adults:	Youth: _			
3)	Did your Auxiliary sponsor/cond	ducted an event or activity in AN		d/or nonV No_		y
4)	Money spent on Hospital project	ts this report		\$		
5)	Did your Auxiliary have an appl	licant for Outstanding Hospital V	olunteer		ear? No	
6)		ide Prevention and Mental Health				
7)	Did your Auxiliary recognize vo	lunteers throughout the year?		Yes	No	
8)		and/or media to recruit voluntee				0
9)	Did your Auxiliary present Hosp	pital Volunteer Service pins to me	embers?	Yes	No	_
10)	Did you Auxiliary conduct/parti	cipate in Volunteer Service Pins		Yes	No	
11)		n the Veterans Voices Writing Pros, No; Making a donation		No		
12)	Did your Auxiliary use the Hosp	oital Program Guide?		Yes	No	
13)	Did your Auxiliary promote the	VA Office of Research and Devel	opment	Yes	No	
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