

HOSPITAL CHAIRMAN

2018 – 2019 ACTIVITY REPORT

DATE _____ AUXILIARY _____ DISTRICT _____ SUBMITTED BY _____

E-MAIL ADDRESS _____ or PHONE NUMBER _____

PROJECTS _____ HOURS _____ #MILES _____ MONEY SPENT \$ _____

PLEASE REPORT YOUR ACTIVITIES BELOW TO HOSPITAL CHAIRMAN: DONNA PIERCE

HOSPITAL (needs \$ 1.25 per member donation/ hospital pins and key chains count toward donation + 1 other project needed for MP.) \$ _____

1. Number of VFW Auxiliary members volunteering in all VA medical facilities and non-VA facilities?
Number of Volunteers _____ Total Hours _____
2. Number of **NEW** volunteers recruited: Adult _____ Youth _____
3. Did your Auxiliary sponsor/conduct an **event (activity)** in all facilities, both V.A. or Non-V.A. _____
4. Total amount spent during your Auxiliary's event or activity at all hospital functions \$ _____
5. Did your Auxiliary submit an entry in the Outstanding Hospital Volunteer of the Year Award? _____
6. Did your Auxiliary promote Veteran and Military Suicide Awareness? _____
7. Did your Auxiliary recognize your members for their volunteerism in the hospital program? _____
8. Did your Auxiliary present Hospital Volunteer Service Pins to your hospital volunteers? _____
9. Did your Auxiliary conduct or participate in a volunteer recognition event? _____
10. Did your Auxiliary participate in the Veterans Voices Writing Project (subscribe to the magazine, make a donation, Volunteer with the program.) _____
11. Participated in the Community Volunteer Recruitment Weeks Nov. 5-11, 2018 _____
April 7-13, 2019, _____ OR OTHER _____

DESCRIBE BELOW YOUR COMPLETED PROJECT. SEND THIS FORM ALONG WITH ANY DOCUMENTATION YOU MAY HAVE (pictures, newspapers articles, flyers, poster, etc.) **TO HOSPITAL CHAIRMAN DONNA PIERCE**.

USE EXTRA PAPER IF NEEDED TO DESCRIBE YOUR PROJECT. SUBMIT AS SOON AS PROJECT IS COMPLETED.

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