HOSPITAL REPORT FORM 2020-2021 JENNIFER MORRIS DEPARTMENT CHAIRMAN

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| AUXILIARY # | DISTRICT | DIVISION | |
|-------------------------------|-------------------------------|-----------------------------|-------------------|
| Reports are due to me by O | ctober 1, 2020 and April 1 | , 2021. You can send ther | n or e mail them |
| to me, please do not send jp | peg if sent jpeg I will not a | ccept your report. | |
| | | | |
| Did your auxiliary pay your l | nospital obligation? \S | CK # | |
| Did your auxiliary donate to | any of our states VA facil | ities? | |
| On separate sheet please te | ll me what you did | | |
| Did your auxiliary do anythi | ng for veterans in the nur | sing homes? | |
| On separate sheet please te | ell me what you did | | |
| Do any of your members of | your auxiliary volunteer i | n any VA or non-VA medic | al facility? |
| Number of volunteers: | Total hour's | | |
| Did your auxiliary recruit an | y new volunteers? | | |
| If yes how many? | did you use media to | recruit? | _ if so what type |
| of media did you use? | | | |
| Did your auxiliary recognize | | | |
| Presented Hospital Voluntee | er Appreciation Certificate | es? How many | |
| Presented Hospital Volunte | | | |
| Hosted a volunteer recognit | | | |
| Did your auxiliary submit to | me the Outstanding Hosp | oital Volunteer of the Year | Award? |
| If so who did you send in for | | | |
| | | | |
| Did your auxiliary download | - | gram Guide from the nation | onal web site |
| under Hospital resources? _ | | | |
| Did your auxiliary sponsor o | | | -VA medical |
| facility? if | | | |
| Did your auxiliary participat | | | |
| Did your auxiliary host a "Va | | - | |
| VA medical facility? | | | - |
| Did your auxiliary deliver or | | | |
| Did your auxiliary hold an ev | | | |
| Veterans Health Care Progra | am? | Use separate sheet te | II me what you |
| did. | | | |
| How much money did your | auxiliary spend on all hos | pital projects? | |
| | | | |

Thank all of you for what you do for our Veterans