

HOSPITAL REPORT

COVERING THE PERIOD OF APRIL 1, 2023 THROUGH NOVEMBER 30, 2023

Must be RECEIVED by the Dept. Chairman no later than 12/31/2023

Mail to Mary Risch, 186 Columbia Street, Adams, MA 01220

jmrisch@roadrunner.com

Assistance: 413-743-5040

Auxiliary No. _____ Location _____ District No. _____ Division _____

1. Number of members attending the Hospital/Veterans & Family Support Workshop _____
2. Number of members volunteering in VA and non-VA facilities. _____ No. Hours _____

(Auxiliary member to be counted one time per year)

3. Number of non-member Sponsored Volunteers: Adults _____ Youth _____

Total Hours _____

4. Did your Auxiliary sponsor a party/function for any facility, both VA and non-VA? _____

5. Did your Auxiliary donate items to a medical center/soldiers home, hospital or nursing home? _____ Explain _____

6. Did your Auxiliary participate in or educate VA or non-facilities about Honors Escort Program? Explain _____

Did your Auxiliary promote, participate or co-host with your VFW Post? _____

7. Did your Auxiliary participate in National Salute to Veterans Patients Week? _____

Deliver or send valentines to veteran patients _____

8. Host/participate in events for Women Veterans Health _____

Did your Auxiliary promote, participate or co-host with the VFW Post? _____

9. Did your Auxiliary promote, participate or host any activity for Veterans Health Care (VHA)? _____

Did your Auxiliary promote, participate or co-host with your VFW Post? _____

10. Donation to the Department Hospital Fund (Hospital Pledge) \$ _____

11. Total amount spent on all Hospital projects: \$ _____

Attach extra sheets for additional information if needed.

Contact Name _____

Phone _____

Email _____