

# **HOSPITAL REPORT**

*COVERING THE PERIOD OF DECEMBER 1, 2025 THROUGH MARCH 31, 2026*

Must be RECEIVED by the Dept. Chairman no later than 4/15/26  
Mail to Paul La Porte, Chairman, P O Box 12, E. Bridgewater, MA 02333  
[plp1063@gmail.com](mailto:plp1063@gmail.com) Assistance: 774-273-1910

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Auxiliary No. \_\_\_\_\_ Location \_\_\_\_\_ District No. \_\_\_\_\_ Division \_\_\_\_\_  
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1. Did your auxiliary instruct use of QR code and utilize any of the Hospital material/resources available in MALTA Member Resources? \_\_\_\_\_ Explain \_\_\_\_\_

2. Number of members attending the Hospital/Veterans & Family Support Workshop \_\_\_\_\_

3. Number of members volunteering in VA and non-VA facilities. \_\_\_\_\_ No. Hours \_\_\_\_\_

(Auxiliary member to be counted one time per year)

4. Number of non-member Sponsored Volunteers: Adults \_\_\_\_\_ Youth \_\_\_\_\_

Total Hours \_\_\_\_\_

5. Did your Auxiliary sponsor a party/function for any facility, both VA and non-VA, with or without your Post? \_\_\_\_\_

6. Did your Auxiliary donate items to a medical center/soldiers home, hospital or nursing home? \_\_\_\_\_ Explain \_\_\_\_\_

7. Did your Auxiliary promote, participate in or host any activity listed (alone or with Post):  
Honors Escort / National Salute to Veterans Patients-Valentines for Veterans Veterans Health  
Care (VHA) / Women Veterans Health Care Program

Explain \_\_\_\_\_

8. Donation to the Department Hospital Fund (Hospital Pledge) \$ \_\_\_\_\_

9. Total amount spent on all Hospital projects: \$ \_\_\_\_\_

Attach extra sheets for additional information if needed.

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_