## 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.

Phone \_\_\_\_\_

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

Email \_\_\_\_\_