

## HOSPITAL / CDCE (VAVS) YEAR-END REPORT

- Mail/Email this report to your District President by April 10, 2025
- District President mail/email to Department Chairman by April 20, 2025

AUXILIARY NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

1. Number of Auxiliary members that volunteered at any VA and/or non-VA medical facility? (Auxiliary member to be counted ONLY one time per year) \_\_\_\_\_
2. Total number of hours that Auxiliary members volunteered at any VA and/or non-VA medical facility? \_\_\_\_\_
3. Total number of hours that Sponsored Volunteers and/or students volunteered under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility? \_\_\_\_\_
4. Number of Auxiliaries that hosted or co-hosted any activity with their VFW Post at any VA and/or non-VA medical facility? \_\_\_\_\_
5. Total dollar amount spent on ALL Hospital Program related items and/or supplies? \$ \_\_\_\_\_
6. **(Only applies to CDCE (VAVS) Representatives)** Was the CDCE (VAVS) - Annual Joint Review (AJR) completed by November 2024, with a copy to Department Hospital Chairman and National Headquarters by January 15, 2025? \_\_\_\_\_ Yes \_\_\_\_\_ No

Auxiliary Chairman: \_\_\_\_\_

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