

**VETERANS OF FOREIGN WARS AUXILIARY OF THE US
DEPARTMENT OF LOUISIANA
2023 – 2024 HOSPITAL PROGRAM**

REPORT FORM

Susanne Wastlund
Department Chairman
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Natchitoches LA 71457
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Auxiliary # _____
Category # _____

District # _____
Membership _____
REPORTING PERIOD:
Dec 1 2023 _____
Apr 1 2024 _____

***BE SURE TO PROVIDE ANY AND ALL DOCUMENTATION / ADDITIONAL PAGES NEEDED
TO ANSWER THE QUESTIONS BELOW. Thank you!!***

1. Number of VFW Auxiliary members that volunteered at any VA and/or Non-VA medical facility. (Auxiliary member to be counted **one time only** 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. Did your Auxiliary promote, participate in or host any activity listed below?
 - Honors Escort _____
 - National Salute to Veteran Patients – Valentines for Veterans? _____
 - Veterans Health Care (VHA) _____
 - Women Veterans Health Care Program _____
5. Did your Auxiliary promote, participate in or co-host with your VFW Post any activity listed below?
 - Honors Escort _____
 - National Salute to Veteran Patients – Valentines for Veterans? _____
 - Veterans Health Care (VHA) _____
 - Women Veterans Health Care Program _____
6. Total amount spent on ALL Hospital Program related items and/or projects _____
7. Did your Auxiliary participate in the Department Hospital program donation of \$50.00?
yes/no _____

PLEASE PROVIDE A COPY OF THE CHECK. THIS IS REQUIRED.

AUXILIARY CHAIRMAN _____ PHONE NUMBER _____
ADDRESS _____
EMAIL _____