

# HOSPITAL REPORT 2024-2025

\_\_\_\_\_ **Dec. 1, 2024**

\_\_\_\_\_ **April 1, 2025**

Department Chairman:

Auxiliary # \_\_\_\_\_

Nancy "Earlene" Bogacki

Auxiliary Name \_\_\_\_\_

221 Harts Ferry Dr

\_\_\_\_\_

Lebanon Jct. KY 40150

Membership as of June 30, 2024 \_\_\_\_\_

nancy\_bogacki@yahoo.com

1. Number of 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 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 host or co-host any activity with their VFW Post at any VA and/or non-VA medical facility.  
\_\_\_\_\_

5. Total dollar amount spent on hospital program  
\_\_\_\_\_

6. Did your Auxiliary recruit any non-members to volunteer? Y\_\_ n\_\_ If so, how many? \_\_\_\_\_

**Use Additional paper to explain what you are doing and send with pictures.**

Chairman Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_