

# HOSPITAL REPORT 2023-2024

\_\_\_\_\_ Dec. 1, 2023

\_\_\_\_\_ April 1, 2024

Department Chairman:

Dawn VanTassell

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

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

Membership as of June 30, 2023  
\_\_\_\_\_

1. Number of member or non-member volunteers who volunteered in any VA or Non-VA medical facility. \_\_\_\_\_
2. Number of new volunteers recruited. \_\_\_\_\_  
Total number of hours volunteered. \_\_\_\_\_
3. Total dollars spent on all Hospital Program related items and/or projects. \_\_\_\_\_
4. Did your Auxiliary promote, participate, or host an activity for:  
Honors Escort \_\_\_\_\_  
National Salute to Veterans \_\_\_\_\_  
Valentines for Veterans \_\_\_\_\_  
Veterans' Health Care \_\_\_\_\_  
Women Veterans Health Care \_\_\_\_\_
5. Did your Auxiliary promote, participate, or host an activity with your Post for:  
Honors Escort \_\_\_\_\_  
National Salute to Veterans \_\_\_\_\_  
Valentines for Veterans \_\_\_\_\_  
Veterans' Health Care \_\_\_\_\_  
Women Veterans Health Care \_\_\_\_\_
6. How did you promote your Auxiliary Hospital Program?  
\_\_\_\_\_
7. Did your Auxiliary provide information or forms to a nursing student or school for the Marion Watson Nursing Scholarship? \_\_\_\_\_

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

Address \_\_\_\_\_

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

*Please tell me about your work. Attach additional sheets as needed. Please send pictures.*