

SOUTH DAKOTA VFW AUXILIARY
DEPARTMENT YEAR END REPORT
2024-2025
HOSPITAL
DUE APRIL 15, 2025

Auxiliary Number: _____ Auxiliary Location: _____

Hospital Chairman Name: _____

Chairman Email: _____ Auxiliary Chairman Phone: _____

The 2024-20245 Year End Reports for Hospital will be judged on the following five items AND the photos and write-ups you send me throughout the year, not just at end of year. Feel free to send out to other venues also; however, photos and write-ups must come to me to be counted towards any awards. Please send items to me via email so I can enter them onto the new Hospital webpage and share them state-wide. I know you are all doing a lot so just send those photos, with captions.

1. Number of your 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 your 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 your VFW Post at any VA and/or non-VA facility.

YES _____ NO _____

5. Total dollar amount spent on all Hospital Program related items and/or projects by your auxiliary: \$ _____

OR

_____ My Auxiliary did not participate in the Hospital Program this year.

Sue Jones, Hospital Chairman

605-877-2665

Email to: sjones2727@yahoo.com