

**HOSPITAL REPORT 2017-2018
(FOR NON-VA WORK)**

Fill out in triplicate. Send two copies to
address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

This report includes all volunteer services performed by the Unit and its members in and for the hospitalized and residents in the following facilities: Non-VA hospitals, health care centers; state and regional treatment centers; and state veterans' homes.

PLEASE PRINT OR TYPE

NAME OF UNIT _____ UNIT NUMBER _____
CITY _____ STATE _____
NUMBER OF SENIOR MEMBERS _____

GIVE THE TOTAL FOR EACH ITEM LISTED BELOW:

1. Number of unit members performing volunteer services: _____
2. Number of sponsored volunteers: _____
3. Number of visits to patients and residents in the above facilities: _____
4. Number of hours spent performing volunteer services in the above facilities and/or for patients and residents. (Examples: Parties, reading, baking, sewing, errands, legal aid time, transportation to appointments, etc.) _____
5. Miles traveled in performance of volunteer duties: _____
6. Program costs (assessed at actual value)
 - a) Purchased items..... \$ _____
 - b) Donated items..... \$ _____
 - c) Professional services..... \$ _____
 - d) Entertainment..... \$ _____
 - e) TOTAL value of unit's non-VA hospital programs..... \$ _____

NOTE: Add 6a) through 6d) to get TOTAL. Provide explanation of each line item on **reverse side**.

7. Number of badges issued to unit members: _____
8. Describe, **in detail**, unit projects or activities that "made a difference" in bringing cheer and comfort to patients and residents in the facilities you served. Include the number of members participating in each activity. **Use reverse side and/or a separate sheet for your detailed explanation.**

Submitted and signed by:

_____ and/or _____
Unit Commander Unit Chairman