

**HOSPITAL REPORT 20 - 20**  
**(FOR NON-VA WORK)**

Fill out in triplicate. Send two copies to the  
State Adjutant  
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.

NAME OF UNIT \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

TOTAL 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. If this figure exceeds \$1,000.00, **use reverse side** to itemize program costs.

7. Number of badges issued to unit members: \_\_\_\_\_
8. Briefly describe unit projects or activities that "made a difference" in bringing cheer and comfort to patients and residents in the facilities you served.

Submitted and signed by:

\_\_\_\_\_ and/or \_\_\_\_\_  
Unit Commander Unit Chairman