

“It’s Time to Honor Our Veterans” / “Patriotism Begins at Home”

HOSPITAL

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PROGRAM GOALS

**Volunteer Service in
Medical Facilities**

Volunteer Recruitment

Volunteer Recognition

The Hospital Program has been volunteering in hospital since 1914. That is why it is at the heart of our organization and became a national program in 1928. There are veterans and facilities in all our communities and the support of our Ladies Auxiliary members is vital to the well-being of these veterans.

Please notice that the **V.A.V.S. program** is not part of the Hospital program this year. It is still very important part of our work. It will be monitored and reported directly to the Department President. Information will be given directly to the assigned V.A.V.S. Representatives and Deputies.

Where we serve: Local Hospitals, Veterans Homes, Nursing Homes, and Domiciliaries, both VA and non-VA medical centers and clinics.

Who can serve: Members, Non-Members, Youth, and Families.

What can we earn: Hospital Volunteer Pins for Volunteer hours.

Hospitalized Veterans Writing Program started in 1946 and is a therapeutic writing program that helps Veterans express themselves and be creative. You can help by writing, recording or typing for Veterans. Training is available at veteransvoices.org or call 913-432-1214.

Selection: Outstanding Performance Award

The Department Chairman will select the recipients. **You must have reported a minimum of twice during the year.**

Criteria for selection:

40 Points Maximum ~ Development of overall program (creativity, presentation following Chairman’s emphasis.

30 Points Maximum ~ Quality of promotional material (newsletters, publicity, leaflets)

30 Points Maximum ~ Preparation by Chairman (legibly and clearly documented on report form)

1. Outstanding Performance Award, “It’s Time to Honor Our Veterans” award for the Auxiliary, in each Membership Group, based on quality of service, promotion of program as outlined by Chairman and timeliness of report. Citation to runner-up.
2. Outstanding Performance Award, “It’s Time to Honor Our Veterans” award to the Outstanding Department Hospital Volunteer based on quality of service and timeliness of report
3. Citation in each Membership Group to the Ladies Auxiliary for the best promotion of “How to Recruit Volunteers” to include members, non-members and youth volunteers.
4. Citation in each Membership group to the Member who recruited the most new Hospital Volunteers.
5. Citation to the Department Chairman achieving 100% participation.

HOSPITAL

Outstanding Volunteer Nomination Form

Aux. # _____ District # _____ City _____

Chairman's Name: _____ Phone #: _____

Report Deadlines for 1st place March 5, 2015 Today's Date: _____

Nomination Deadlines: March 5, 2015

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The Auxiliary should select ONE "***Outstanding Hospital Volunteer***" from the Auxiliary. Chairman should fill out this form and return it to the Department Chairman so it is received by March 5, 2015. The "***Hospital Volunteer***" may be any Auxiliary Member who serves as a VFW Auxiliary Hospital Volunteer, in ANY of the Medical Facilities (VAMC, Military, Community, Children's Hospitals, Nursing Homes, Therapy Centers, or Clinics. This can include Hospital VAVS Representatives and Deputy Representatives. If you do not wish to make a decision on the award, ask your Auxiliary President to select a committee to do the judging, **BUT SEND THE ENTRY TO ME!**

THE CRITERIA MUST BE FROM March 1, 2014 THROUGH February 28, 2015

Address: _____

(Include City, State, Zip)

Medical facility where she serves: _____

1. How long has she been a VFWA Hospital Volunteer? _____

2. Total volunteer hours she served during 3/1/14-2/28/15? _____

3. Total hours served as a Hospital Volunteer (lifetime)? _____

4. What weekly or monthly Hospital programs has she participated in? _____

5. What are her Volunteer assignments? _____

COMMENTS; PLEASE ATTACH A SEPARATE SHEET WITH DETAILED INFORMATION ON WHY THIS AUXILIARY MEMBER IS AN "OUTSTANDING HOSPITAL VOLUNTEER". THIS IS IMPORTANT!!

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Aux. # _____ District # _____ City _____

Chairman’s Name: _____ Phone #: _____

Report Deadlines November 15, 2014 and APRIL 15, 2015 Date of this report: _____

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1. How many Ladies Auxiliary members volunteered in all VA facilities, or non-VA facilities?
 How many volunteers _____ Total hours _____
2. How many new volunteers did your auxiliary recruit? Adults _____ Youth _____
3. Did your auxiliary sponsor any special events? Where? _____ How Many? _____
 What did you do? _____ How many volunteers? _____
 How many hours? _____ Amount spent? _____
4. Number of handmade items for all hospital facilities. _____
5. Total amount spent on all hospital facilities. _____
6. Did your auxiliary nominate anyone for the Department Outstanding Hospital Volunteer of the Year Award?
 _____ Who? _____
7. How were all types of hospital volunteers recognized for their work? _____

8. How did your Ladies Auxiliary use publicity and or media to recruit volunteers and involve the community?

9. Did your auxiliary make a monetary contribution to the Dept. Hospital Fund? _____ How Much _____
 Any amount your Ladies Auxiliary is able to give is needed and appreciated
10. Please explain why you feel your Ladies Auxiliary had the best overall promotion of the Hospital Program.
 What is the best project? (Please use additional paper) _____

Total Projects For this report	Number of Members Participating	Total Hours Worked	Total Number of Miles	Total Value or Dollars Spent

