



**ANNUAL COMMUNITY SERVICES  
COMMUNITY HOSPITALS AND NURSING FACILITIES REPORT  
(NOT TO BE CONFUSED WITH THE VAVS REPORT)  
Reporting Year 20\_\_ - 20\_\_**

**Unit Number & Name**

**City & State**

**COMMUNITY SERVICES**

List Community Service Agencies to which your Unit has donated funds or goods. \_\_\_\_\_

\_\_\_\_\_

Total amount donated \$ \_\_\_\_\_ Type of goods donated \_\_\_\_\_

Number of family's assisted \_\_\_\_\_ or single Veteran(s) \_\_\_\_\_ How were they assisted? \_\_\_\_\_

\_\_\_\_\_

How are funds raised to assist Veterans & their families? \_\_\_\_\_

\_\_\_\_\_

How does the Unit acknowledge our "Senior Hero" Veterans? \_\_\_\_\_

\_\_\_\_\_

**COMMUNITY HOSPITALS AND NURSING FACILITIES (ADD ADDITIONAL SHEETS IF NEEDED)**

| Name of Community Hospital or Nursing Facility | Number of Auxiliary Volunteers | Number Other Volunteers | Total No. Visits | Total No. Hours | Total Round Trip Mileage |
|--|--------------------------------|-------------------------|------------------|-----------------|--------------------------|
|  |                                |                         |                  |                 |                          |
|  |                                |                         |                  |                 |                          |
|  |                                |                         |                  |                 |                          |
|  |                                |                         |                  |                 |                          |

How many functions were given at hospitals and/or nursing facilities? \_\_\_\_\_ Types of functions \_\_\_\_\_

\_\_\_\_\_

Amount spent for items donated & entertainment at hospital and/or nursing facilities? \$ \_\_\_\_\_

\_\_\_\_\_

UNIT PRESIDENT

DATE

UNIT CHAIRPERSON

**INSTRUCTIONS: PLEASE USE BLACK INK TO COMPLETE ALL FORMS**

- 1) Types of items purchased may include stamps, stationary, toiletries, socks, tissues, bed & lap covers, magazines, fruit, candy, gum, cards, cookies, ice cream etc. (To be reported at actual costs)
- 2) Cash valuation is allowed for NEW items only and the cost of sponsoring a party.
- 3) DO NOT put a cash valuation on volunteer services, count only the hours of volunteer services given.

Make three copies of this report. Send original to the National Chairperson no later than May 15<sup>th</sup>. (name & address can be found in the PH magazine). This report may also be emailed. Keep one copy for your Unit and provide one copy to your Department.