

**VETERANS AFFAIRS & REHABILITATION
HOSPITAL REPRESENTATIVE END-OF-YEAR REPORT FORM 2016-2017**

Name of Hospital Representative: _____
 Address _____ City/Zip _____ Email address _____
 Phone # _____ Name of VA Facility Assigned to: _____

HOSPITAL/CLINIC PROGRAMS

Project	# Veterans Served	# of Volunteers	Total Volunteer Hours	Cost
Homeless Veterans Activities				
Stand downs				
Welcome Home Celebrations sponsored by VA Facility				
Christmas Gift Shop/Patient Remembrance				
Fisher House				
National Salute to Hospitalized Veterans				
Do you have a spinning program at your facility? If so please explain your involvement				
Did you participate in the Ride to Recovery at your facility? If so please describe your involvement, time, volunteers, money donated				
Other Programs (List other programs including volunteering at VA Clinics that fall under jurisdiction of your VA Facility using separate sheet of paper)				
Total Veterans Served, Volunteers & Cost				

CREATIVE ARTS FESTIVAL (additional questions)

of veterans sponsored to attend the Nat'l Creative Arts Festival?

Total cost of all Creative Arts Festival programs/projects?

Did you participate/volunteer in National Creative Arts? Describe activities:

Dollar amount of contributions for Local Creative Arts Program from Units \$ Districts \$

Did you request National grant funds for local Creative Arts contest If so, how much received \$

Please use separate page to describe if needed

VOLUNTEER SERVICE BETWEEN APRIL 1, 2016 - MARCH 31, 2017	# Volunteers	Total Hours
# <i>Regularly Scheduled Volunteers</i>		
# <i>Occasional Volunteers</i>		
# <i>Non-affiliated Volunteers</i>		
# <i>Junior/VolunTeens</i>		

Name of *regularly scheduled* volunteer with most volunteer hours:

Unit Name: District #:

Name of *occasional* volunteer with most volunteer hours:

Unit Name/#: District #:

Name of *non-affiliated* volunteer with most volunteer hours:

Unit Name/#: District #:

Name of *Junior/VolunTeen* with most volunteer hours:

Unit Name/#: District #:

Name of hospital volunteer(s) who completed 10,000 hours:

Unit Name/# District #:

Name of hospital volunteer(s) who completed 20,000 hours :

Unit Name/# District #:

NEW VOLUNTEER RECRUITMENT BETWEEN APRIL 1, 2016 - MARCH 31, 2017

# <i>New</i> Senior Volunteers VAMC		# <i>New</i> Junior VAMC	
# <i>New</i> Non-Affiliated		# <i>New</i> VolunTeens	

Did you increase the number of volunteers between April 1, 2016 - March 31, 2017 over last year?

How many?

Did you hold a hospital volunteer orientation? How many attended?

Did you award any Facility Volunteer Pins for Hospital Service for volunteers reaching 50 Hours? # of pins

Did you award any hour bars for Hospital Volunteers recognizing volunteers who reached 50, 100, 300, 500, 1000 hours awarded?

awarded

Name of *New* Junior or VolunTeen serving most hours:

Name of *New* Regularly Scheduled Volunteer serving most hours:

Name of *New* Occasional Volunteer serving most hours:

Name of *New* Non-affiliated Volunteer serving most hours:

SERVICE TO VETERANS

	# Veterans Served	# of Volunteers	Total Volunteer Hours	Cost
State Veterans Homes (if a signed memorandum of agreement exists between Home & VA Facility, volunteer hours are counted as Hospital hours not Service to Veterans)				

Were Service to Veterans Pins and Hour Bars recognizing volunteers who reached 50, 100, 300, 500, 1000 hours given?

Service to Veterans pins awarded? # of hour bars awarded?

Describe Activities (use separate sheet of paper if necessary)

Are you submitting a narrative for the best Hospital Program?

Is your facility submitting a nomination for the VISTO Award? _____

Is your facility submitting a nomination for the NAVA Award? _____

Are you submitting a nomination for the VAVS Volunteer of the Year Award ? _____

This award will be awarded by National to the nominee who has given extraordinary service to our Nation's veterans through the ALA VA&R and VAVS programs. Specifically this nominee must serve in an established VA assignment and be defined as a regularly scheduled volunteer. In addition they are looking for an individual who is actively involved working with veterans in any one of the following areas: outpatient clinics; nursing homes; homeless veteran programs; hosted veteran-related functions outside the VA; or visiting veterans confined to their homes (as assigned by VAVS). The National winner will receive \$500 to be donated to the VAVS facility of her choice and in recipient's name, and she will be profiled in the National Auxiliary magazine. In addition, the ALA will forward her name as our candidate for the VAVS National Advisory Committee Volunteer of the year.

Nomination must be prepared and submitted to the Department VA&R Chairman not to exceed 500 words and may include up to two letters of recommendation. Nominations are due with Hospital Representative End of Year Report

NO LATER THAN Monday, May 1, 2017

List any additional information on a separate sheet of paper as needed

Joan Cannon

Department Veterans & Affairs Rehabilitation Chairman

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