

VA/VS 2014-2015

Mail to: **Marie Bushey**
188 Manor Drive
Milton, Vermont 05468

DUE MAY 6, 2015

Unit Name & Number: _____

Unit Chairman: _____

Address: _____

Telephone: _____

1. Does your Unit have any REGULARLY SCHEDULED VOLUNTEERS at the VA HOSPITAL? Yes ___ No ___ If yes, how many does your Unit have? _____
2. How many hours did your REGULARLY SCHEDULED VOLUNTEERS do at the VA Hospital during this administrative year? _____
3. Did your Unit contribute to the Gift Shop at the VA? Yes ___ No ___ If yes, was it Gifts donation? _____ monetary donation? _____ both? _____
4. Did your Unit contribute to the following funds at the VA Hospital?

CAKE FUND	Yes ___	No ___
CALLING CARD FUND	Yes ___	No ___
CANTEEN FUND	Yes ___	No ___
UNRESTRICTED FUND	Yes ___	No ___
5. Were any of your REGULARLY SCHEDULED VOLUNTEERS at the VA Gift Shop helping out? Yes ___ No ___ If yes how many were there helping? _____
6. Does your Unit have any members helping at the VA Gift Shop? (Do not include regularly scheduled volunteers counted in question # 5). Yes ___ No ___ If yes # _____

7. Does your Unit have any VOLUNTEERS at the VA Hospital? Yes ___
No ___ If yes, how many? _____ Regular? # ___ Occasional? # ___

8. Did your Unit donate any of the following to the VA Hospital this year?

LAP ROBES	Yes ___	No ___
DIDDY BAGS	Yes ___	No ___
ITEMS FOR DIDDY BAGS	Yes ___	No ___
Total value of all donated \$ _____		

9. How many of your Unit Members are OCCASIONAL VOLUNTEERS at the VA Hospital? _____ Total number of OCCASIONAL VOLUNTEER HOURS at the VA Hospital? # _____

10. Did your Unit have any NEW REGULARLY SCHEDULED VOLUNTEERS at the VA Hospital this administrative year? Yes ___ No ___ If yes, how many? # _____

NEW OCCASIONAL VOLUNTEERS? Yes ___ No ___ If yes, how many? # _____ New volunteers? Yes ___ No ___ If yes, how many? # _____