



DEPARTMENT OF NY VFW AUXILIARY  
**HOSPITAL PROGRAM**  
YEAR END REPORT 2026-2027

**\*\*MUST REACH DEPARTMENT CHAIRMAN BY APRIL 1, 2027\*\***

Marie-Aymee K. Fisk, Department Chairman  
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**\*\*Please allow extra time if mailing\*\***  
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518.354.3037

Auxiliary Name: \_\_\_\_\_ Post# \_\_\_\_\_ District # \_\_\_\_\_

1. How many Auxiliary members volunteer at any VA or non-VA medical facility? (Auxiliary members may only be counted ONE time only per year)? \_\_\_\_\_
2. What are the total number of hours that Auxiliary members volunteered at any VA or non-VA medical facility? \_\_\_\_\_
3. Total number of hours SPONSORED non-member and/or students who volunteered under the VFW Auxiliary sponsorship and/supervision at any VA or non-VA medical facility: \_\_\_\_\_
4. Did your Auxiliary host or co-host any activity with your Post at any VA or non-VA medical facility? **Y/N**  
\*Remember to complete the award application found on MALTA to be considered for a National Award for most creative/unique activity and/or event to interact with and provide happiness to veterans in hospitals (VA and non-VA facilities).
5. Total dollar amount spent on all Hospital Program related items and/or projects: \$ \_\_\_\_\_

Auxiliary Chairman: \_\_\_\_\_

Chairman Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_