

American Gold Star Mothers, Inc.

CHAPTER HOSPITAL CHAIRPERSON'S REPORT JANUARY 1, 20__ TO DECEMBER 31, 20__

NAME OF CHAPTER _____ CITY _____ STATE _____

CHAPTER REPORT OF VA MEDICAL CENTER WORK

1. Total number of regular scheduled volunteers _____ Their total hours _____

2. Total number of occasional volunteers _____ Their total hours _____

3. Total number of VA Medical Centers in the Department _____

4. Total VA Medical Centers that the Chapter has made a cash donation to _____

5. Total Cash donations _____

6. Total Estimated value of all GIFTS _____

7. State type of GIFTS _____

8. Total distance in miles traveled by Volunteers _____ Hours traveled _____

9. Special Volunteer Awards _____

REPORT OF WORK IN NON-VA HOSPITALS

This includes services in a government, state –owned hospital (Soldiers) or nursing home or any hospital having an accredited volunteer program

Name of Hospital or Nursing Home	No. of vol.	No. of Hrs	Total Cash Donations	Value of Gifts

State type of services in which Volunteers participated _____

Mail original copy to the Department Hospital Chairperson

Return NO LATER than January 15th

Chapter Hospital Chairperson signature