

MARINE CORPS LEAGUE AUXILIARY  
VOLUNTEER WORKSHEET - VAVS HOSPITAL REPORT

NAME \_\_\_\_\_ MAY 1 – APRIL 30 \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Address: \_\_\_\_\_

List actual cash value for:

Donations to VA Hospital Funds	\$ _____	Occupational Therapy Supplies	\$ _____
Gifts	\$ _____	Refreshment and Service Supplies	\$ _____
Prizes	\$ _____	Books, reading material	\$ _____
Flowers	\$ _____	Other (describe)	\$ _____
Personal items, Lap robes, etc.	\$ _____	_____	_____

Please see Enc. #12, VALUATION OF DONATED ITEMS, for suggested values of homemade items and gently used items.

Work in VA Hospitals in any capacity should be listed.

<u>Date/Activity for VA</u>	<u>Times Volunteered</u>	<u>Mileage</u>	<u>Total Hours</u>