

MEMBER AUXILIARY INFORMATION—FORM 2
Hospital Auxiliaries of Kansas
Reporting Period: Previous Year January-December

DISTRICT # _____

NAME OF AUXILIARY (as it should appear in the roster)

NAME OF HOSPITAL (as it should appear in the roster) _____

HOSPITAL ADDRESS _____

TOTAL AUXILIARY MEMBERS _____ NUMBER OF STUDENT VOLUNTEERS _____

Total Adult Volunteer Hours _____ + Student Volunteer Hours _____, = _____ Hours

A. MONIES RECEIVED FROM FUND RAISING PROJECTS: _____

B. MONIES RECEIVED FROM DONATIONS AND DUES: _____

C. TOTAL MONIES EARNED BY YOUR AUXILIARY: _____

FUNDS DONATED TO HEALTH RELATED SCHOLARSHIPS _____

FUNDS DONATED FOR HOSPITAL EQUIPMENT OR PROGRAMS _____

Submit two copies of this form with your three minute report at the district meeting or mail to the District Coordinator and President-Elect no later than May 1st.

Three minute reports are to be given on ANY ONE of the following: a service project, fundraising event, or a problem you had and its resolution. Include all relevant information such as number of volunteers, hours, cost, amount earned, and ideas that worked well and those that did not. Please ensure that your report can be read in three minutes.

Form 2 completed by _____

Three minute report completed by _____