



**VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF CONNECTICUT
POST / AUXILIARY HOSPITAL CHAIRMAN'S REPORT**

Date of Visit:

Post Name:

Post Number:

Street:

City:

Zip:

Hospital Nursing Home

Name:

City:

Number of: Patients:

Post Members:

Auxiliary Members:

TOTAL NUMBER OF HOURS VOLUNTEERED:

TOTAL ROUNDTRIP MILES FOR ALL VOLUNTEERS:

TYPE OF ENTERTAINMENT:

EXPLAIN:

BRIEFLY DESCRIBE YOUR EXPENSES:

NAME AND TITLE OF VISIT CHAIRPERSON:

NAME AND TITLE OF PERSON SUBMITTING REPORT:

CONTACT INFO (E-MAIL OR PHONE):

Mail to:

Louis Carillo, State Surgeon
38 Old Middletown Ave.
East Hampton, CT 06424

or email:

surgeon@vfwct.org

“For proper Credit, also report this information on your DEPARTMENT PROGRAM REPORT”