

Due February 15th

MEMBER AUXILIARY INFORMATION—FORM 2 #  
Hospital Volunteers 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 one copy of this form to the District Coordinator and President-Elect no later than February 15th. #  
#  
#  
Form 2 completed by \_\_\_\_\_ #  
#  
#  
#  
Revised November 2021 (dr) #