 **Virginia Association of Healthcare Auxiliaries and Volunteers (VAHAV)**

**Annual Survey**

**Deadline August 31, 2020**

***Please use information from your Organization’s last full year to answer these questions.***

**HOSPITAL OR HEALTHCARE FACILITY NAME**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Information provided in this survey will be used to calculate the VAHAV Annual Dues based on the number of “Adult Volunteers”*

*The number of “Adult Volunteers” is defined as Adult Active. Adult Supporting/Associate Life (Legacy) Members, and Adult Honorary Members. Dues will be computed at $0.35 per Adult Volunteer in addition to a Base Charge calculated as a function of the*

*Total number f Adult Volunteers reported. Base Charges are: 1-50 Adult Volunteers; $15.00, 51-100 $30.00, 101-200, $45.00;*

*201-400; $60.00 and >400; $80.00.*

**ADULT VOLUNTEERS**

**Total Number of Active Adult Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Other Adults not included above)

**Total Hours Volunteered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Life (Legacy) Members Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Supporting/Associate Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Honorary Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TEEN (JUNIOR VOLUNTEERS**

**Total Number of Teen (Junior) Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Hours Donated by Teen (Junior) Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MONETARY CONRIBUTIONS TO:**

**Hospital or Healthcare Facility: $\_\_\_\_\_\_\_\_ Community Programs: $ \_\_\_\_\_\_\_\_\_ Scholarships: $\_\_\_\_\_\_\_\_\_\_**

**AUXILIARY DETAILS**

**Director of Volunteer Services (DVS) or Volunteer Service Manager (VSM):**

 **No DVS/VSM\_\_\_\_\_\_ Paid DVS/VSM\_\_\_\_\_\_\_\_\_\_ Volunteer DVS/VSM \_\_\_\_\_\_\_**

**Gift Shop Manager(s): No Gift Shop \_\_ Paid Gift Shop Manager(s) \_\_ Volunteer Gift Shop Manager \_\_**

**Thrift/ReSale Shop Manager(s): No Shop\_\_ Paid Shop Manager(s)\_\_\_ Volunteer Shop Manager \_\_\_\_\_**

**SURVEY COMMENTS**

*Please supply any additional information here that maybe helpful in understanding your survey*

**SURVEY COMPLETED BY:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: If you provide your email above, you will receive a confirmation message from the Webmaster and a copy of the VAHAV

*Directory of your hospital/healthcare facility for verification/update.*

***HARDCOPY OR SCANS ARE SENT TO*** ***dianeglasgow@comcast.net*** ***WHO WILL FORWARD A COPY TO YOUR DISTRICT CHAIR.***