

Department of South Dakota Veterans of Foreign Wars

Hospital & Safety Quarterly Report

2015-2016

| | | | | |
|------------------------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| | | | | |
| Quarters: | 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. |
| | May 1 - Jul 31 | Aug 1 - Oct 31 | Nov 1 - Jan 31 | Feb 1 - Apr 30 |
| | Hospital Report Information | | | |
| | | | | |
| | District # | Post # | Post Location | |
| | | | | |
| Number Volunteers: | | | | |
| Number of Patients Visited: | | | | |

(Include visits to nursing homes, assisted living homes, hospitals, shut-ins in their own homes and taking someone to the hospital or clinic, etc.)

| Data Information: | | Totals |
|---|------------------|---------------|
| Total Hours | | |
| Total Miles Driven | | |
| Blood Donations / Number of Units | | |
| Number of Cards | Cost of Cards | |
| Number of Flowers | Cost of Flowers | |
| Other Donations: | Cost of Donation | |
| (i.e. to hospital nursing homes and assisted living home) | TOTAL | |

Describe Special Projects: Such as volunteering at hospital, nursing homes and assisted living homes, purchase special equipment, providing programs for residents on special days, such as Veterans Day, Memorial Day, providing entertainment such as bingo, card games, clothing donations for the people in the VA Hospital and Homeless Veterans Programs. (Delivering meals on wheels does not qualify)

| | | | | |
|--|----------------------------------|---|-------|--|
| | Safety Report Information | | | |
| | | | | |
| | Money | Hours | Miles | |
| Hunter Safety | | | | |
| Pedestrian Safety | | | | |
| Vehicle Safety | | | | |
| Drug Awareness | | | | |
| Home/Fire Safety | | | | |
| Senior Safety | | | | |
| Recreation Safety | | | | |
| Highway Safety | | | | |
| Other Projects | | | | |
| Other Projects | | | | |
| TOTALS: | | | | |
| Mail/Email Report to: | Danny Frisby-Griffin | | | |
| | 418 NE 5th St | Cell: 402-332-7423 | | |
| | Madison SD 57042 | E-Mail: vfwsd.surgeon@outlook.com | | |
| Reports due by Aug 10; Nov 10; Feb 10 & May 10 (approximately 10 days after end of Quarter) | | | | |
| Print Name: | | | | |
| Signature: | | | | |
| Title: | | | | |
| Phone Number: | | | | |
| Cell Number: | | | | |