American Legion Auxiliary
Department of Illinois
Hospital Services / Service to Veterans Hours

Volunteer ID:

Unit / District:

Cumulative Hours Hospital:

Cumulative Hrs. Srvcs.to Vets:
(Field: 1,777 Home: 300)

YTD Hospital Service Hours

YTD Services to Veterans Hrs:

Volunteer Workers Schedule of Hours

Service / Type : ☐ Hospital ☐ Service to Veterans

Work Date:	Check In:	Check Out:	Total Hrs:

Hospital / Service to Vets Chairman _____ Date _____

VAMC / Service to Vets Rep. _____ Date _____