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 _____