



Virginia Association of Healthcare Auxiliaries and Volunteers (VAHAV) Annual Survey

Deadline August 31

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 ACTIVE ADULT VOLUNTEERS in your Hospital or Healthcare Facility. Dues will be computed at \$0.35 per Adult Volunteer in addition to a Base Charge calculated as a function of the total number of "Adult Volunteers" reported. Base Charges are: 1-50 Adult Volunteers; \$15.00; 51-100, \$30.00; 101-200, \$45.00; 201-400, \$60; and >400, \$80.

Do Not Send Dues Now! Dues Notices will be mailed in January!

ACTIVE ADULT VOLUNTEERS

Total Number of Active Adult Volunteers: _____

Total Number of HOURS Donated by Active Adult Volunteers: _____

TEEN (JUNIOR) VOLUNTEERS

Total Number of Teen (Junior/High School) Volunteers: _____

Total Number Of HOURS Donated By Teen (Junior/High School) Volunteers: _____

MONETARY CONTRIBUTIONS TO:

Hospital or Healthcare Facility: \$_____ Community Programs: \$_____ Scholarships: \$_____

SURVEY COMMENTS

Please supply any additional information here that may be 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 YOUR DISTRICT CHAIR FOR ENTERING INFORMATION ON-LINE AND SUBMISSION VIA THE VAHAV.ORG WEBSITE