VIRGINIA ASSOCIATION OF HEALTHCARE AUXILIARIES AND VOLUNTEERS

Leadership Manual

May 10, 2016
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CHANGES TO LEADERSHIP MANUAL

2015-02-12 Updated Past Presidents
2014-05-10 Removed Bylaws and Standing Rules and replaced with a reference to then on vahav.org
2012-06-12 Updated Membership Application & added Anne Lewis Info
2011-10-10 Updated Bylaws and Standing Rules
2011-08-15 removed AIM and Resource Library Forms. (No longer provide this service)
2009-10-06 updated Section IV-forms
2009-10-06 Standing Rules
2009-10-06 Bylaws
2008-10-08 Bylaws
2008-08-12 Leadership Manual shall have same Standing Rules as Board Blue Book
2016-01-22 Ensured correct name of Anne Lewis Leadership Development Fund
2016-05-10 Removed reference to Self-Assessment
SECTION I. INTRODUCTION

The VAHAV Leadership Manual (former VAHA Handbook) has been developed by the Virginia Association of Hospital Auxiliaries/Volunteers as part of their mission to be a resource to assist auxiliary leaders in their efforts to direct and promote the service of their auxiliaries. It has been designed to be a guide for the administrative framework of the auxiliary and a recommendation for methods by which auxiliary leaders can work to fulfill the mission of their organizations, whether they serve large or small, acute care, or sub-acute care long term care facilities.

This manual has been completely revised and contains new and current information. It is written in broad terms to accommodate changing auxiliary services and should be tailored to the individual auxiliary, healthcare facility and community. The indexing is designed for easy access to specific information.

The leadership manual is provided to each VAHAV auxiliary as a benefit of membership and is intended to be updated and passed on from president to president in each auxiliary. Additional or replacement copies may be obtained at a nominal cost.

Grateful acknowledgment is given to the American Hospital Association for providing resource and education guidance, especially through:
- Education workshops for state auxiliary leaders

Acknowledgment is also given to the experience, expertise, resource materials and informative manuals shared by:
- Arkansas Hospital Auxiliary Association
- California Association of Hospital and Health Systems Committee on Volunteer Services
- Colorado Association of Hospital Auxiliaries
- Connecticut Hospital Association Committee on Auxiliaries
- Council of Auxiliaries of the Georgia Hospital Association
- Committee on Auxiliaries of the Iowa Association
- Michigan Association of Hospital Auxiliaries
- Healthcare Auxiliary of Minnesota
- Committee on Hospital Auxiliaries of the Hospital Association of New York State
- Pennsylvania Association of Hospital Auxiliaries

Special thanks to all contributors to the publication of the former VAHA Handbook, to the VAHAV Board of Directors for their expertise and recommendations. Heartfelt thanks and special recognition to the VAHAV Leadership Manual Committee, chaired by ANNE LEWIS, who has done an exceptional job coordinating the project and with her Committee has spent many intense hours of research, editing, typing, and proofing; to BETH PARKER who has worked vigorously with all phases of publishing this manual, to typist, MELISSA MENEFEE; to proofreaders, DEBBIE STUMP, MARY STILL and JOAN WARD, and to JOHN RANDOLPH MEDICAL CENTER and PRINCE WILLIAM HOSPITAL for office assistance, copying, faxing, postage and supplies throughout this project. This manual is the result of a dedicated and outstanding team effort!

HOW TO USE THIS MANUAL

As auxiliary president, you are probably the first to read the Leadership Manual, and it is hoped you will read it carefully and in its entirety. We hope you will notice that it is designed:

- To be user-friendly, with a table of contents and page numbers.
To be a guide, giving introductory information on a variety of topics.
To include a list of resource materials for reference and further study.
To be utilized by many auxiliary leaders, with sections relating to a variety of board positions.
To be updated by removing old information and adding new revisions along with additional resource materials.

This is not an "everything" book. Auxiliaries bring many skills, experiences, goals, and personalities to their jobs. They represent a variety of facilities both in size and geographic locations. Therefore, it would be impossible to develop a manual that would answer all questions and satisfy each reader.

For further information, please utilize our resource library found in this manual. Direct any questions to the VAHAV board of directors.

It is hoped that once you, as auxiliary president, have carefully read the Leadership Manual, you will invite others on your board to do the same. Each may be particularly interested in only one or two sections, but should be encouraged to read especially the following to gain the necessary background:
- Introduction.
- How to Use This Manual.
- Bibliography.

We hope that once you read the Leadership Manual, you will not place it on a shelf or in a file drawer, but rather, will refer to it often. Members of the VAHAV Board are always willing to offer further assistance should you need it.

**AUXILIARY PRAYER**

Almighty God and Heavenly Father of Mankind, bless, we pray Thee, our endeavors in those hospitals in which we strive to bring comfort and hope to all who are in distress of mind and body. Guide us so that we may use the privilege given us to help the aged, the ill and the very young, with generosity, with discretion and with gentleness. Give us the strength to labor diligently, the courage to think and to speak with clarity and conviction, but without prejudice or pride. Grant us, we beseech Thee, both wisdom and humility in directing our united efforts to do for others as Thou would have us do. AMEN.

**AUXILIARY PLEDGE**

Believing that the hospital has real need of my service as a volunteer worker:
- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I will conduct myself with dignity, courtesy, and consideration.
- I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of the personnel, and will not seek information in regard to a patient.
- I will take any problems, criticisms or suggestions to the Chair of Volunteers or Day Chair.
- I will endeavor to make my work of the highest quality.
- I will uphold the traditions and standards of this hospital, and will interpret them to the community at large.
AUXILIAN ETHICS

An Auxilian should:

- Be loyal to the facility, its administration and staff. The privilege of being an Auxilian places this responsibility upon you.
- Adhere to the Auxiliary Pledge.
- Sign “in” at the designated area. Be prompt in reporting for duty; complete your assignment, report off duty to the person in charge of the area to which you are assigned. Sign "out" at the designated area.
- Obey the facility's rules and regulations. Information concerning patients/residents is confidential inside and outside the facility.
- Never voice opinions or advice concerning any doctor, diagnosis or treatment.
- Never call doctors, nurses, volunteer or other members of personnel by their first names while on duty.
- Listen to the patient/resident; talk in a quiet voice and keep an objective attitude in your relationship.
- Never give a patient/resident food or water, or perform any service in the realm of nursing care unless directly instructed to do so by the medical staff.
- Respect a "No Visitor" sign on a patient/resident's door, even if the patient/resident is a personal friend.
- Be dignified, pleasant and quietly efficient. Follow instructions very carefully.
- Accept supervision, complaints and criticism graciously. Keep yourself above petty arguments.
- Avoid criticism of the auxiliary or of the facility.
- Report a negative encounter or incident to your service chair or to the auxiliary president.
- Observe the following rules concerning personal appearance and conduct:
  - Auxilian official uniform is to be clean and fresh at all times.
  - Hair must be well-groomed.
  - Perfume, make-up and jewelry should be worn at a minimum.
  - An Auxilian should never work at the facility after having an alcoholic beverage.
  - While on duty, do not smoke, eat or chew gum.
  - Neatness, friendliness and dignity are an integral part of the Auxilian’s appearance.
- Remember, you represent the auxiliary; be positive, be supportive and wear a smile.

BILL OF RIGHTS FOR AUXILIANS

An Auxilian has:

- The right to be treated as a member of the healthcare team.
- The right to a suitable assignment with consideration for personal preference, life experience, education and employment background.
- The right to know as much about the facility as possible
  - Its policies.
  - Its people.
  - Its programs.
- The right to well-planned training for the job.
- The right to continuing education on the job
  - As a follow-up to initial training.
  - Information about new developments.
Training for greater responsibility.

- The right to guidance and direction.
- The right to a place to work. An orderly, designated space.
- The right to promotion and a variety of experiences
  - Through advancement to assignments of more responsibility.
  - Through transfer from one activity to another.
  - Through special assignment.
- The right to be heard
  - To have a part in planning.
  - To feel free to make suggestions.
  - To have respect shown for an honest opinion.
- The right of recognition in the form of
  - Promotion.
  - Awards
  - Through day-by-day expressions of appreciation.

RELATIONSHIPS GUIDELINES - ADMINISTRATION, AUXILIARIES AND DIRECTORS OF VOLUNTEER SERVICES

PURPOSE:

In a genuine spirit of cooperation, mutual respect and a sincere desire to further the mutual goals of serving and supporting the Healthcare Facility's overall mission and the community at large, the following definitions, suggested responsibilities and guidelines are set forth to clarify and enhance a successful volunteer program by and for the Administration, the Auxiliary and the Department of Volunteer Services.

TERMINOLOGY:

- The term **Board of Directors** will be used in these guidelines to include Governing Board.
- The term **Healthcare Facility** will be used in these guidelines to include, Hospital, Assisted Care and Skilled Care Facilities.

DEFINITIONS:

ADMINISTRATION

Administration is the Executive Officer of a Healthcare Facility which may include a CEO, COO, CFO and other designated personnel.

AUXILIARY

The Auxiliary is a membership organization with bylaws which defines roles and responsibilities of the Auxiliary and which are approved by the Healthcare Facility's Board of Directors. The Auxiliary may or may not be an integral part of the Healthcare Facility; however, in either event, its role is to support the Healthcare Facility's mission. The Auxiliary is accountable to the Administration through a mechanism specified by the Healthcare Facility's Chief Executive Officer.

AUXILIARY PRESIDENT
The Auxiliary President is the Chief Executive Officer of the Auxiliary, is Chair of the Auxiliary's Board of Directors and supervises the general management of the Auxiliary. The Auxiliary President is accountable to the Administration through a mechanism specified by the Healthcare Facility's Chief Executive Officer.

AUXILIAN

An Auxilian is a member of an Auxiliary in a Healthcare Facility and should adhere to the bylaws, policies and guidelines of the Auxiliary as well as the rules and regulations of the Healthcare Facility. An Auxilian is accountable to the Auxiliary.

An Auxilian may, also, be a Volunteer or an In-Service Volunteer. (See Volunteer and In-Service Volunteer.)

DEPARTMENT OF VOLUNTEER SERVICES

The Department of Volunteer Services coordinates volunteer programs within a Healthcare Facility and/or Healthcare Facility based programs. The Department of Volunteer Services is accountable to the Administration.

DIRECTOR OF VOLUNTEER SERVICES

The Director of Volunteer Services is a staff member who supervises the Department of Volunteer Services and is governed by the same policies that apply to other departments of the Healthcare Facility. The Director of Volunteer Services is accountable to the Administration.

VOLUNTEER

A Volunteer is an unpaid person who works inside and/or outside a Healthcare Facility and while working within the Healthcare Facility is accountable to the Director of Volunteers Services or a designee.

IN-SERVICE VOLUNTEER

An In-Service Volunteer is an unpaid person who works within a Healthcare Facility and may or may not be an Auxilian.

An In-Service Volunteer who is an Auxilian in a Healthcare Facility with a Department of Volunteer Services is accountable to the Director of Volunteer Services.

An In-Service Volunteer who is an Auxilian in a Healthcare Facility with no Department of Volunteer Services is accountable to the Auxiliary.

An In-Service Volunteer who is not an Auxilian in a Healthcare Facility with a Department of Volunteer Services is accountable to the Director of Volunteer Services.

An In-Service Volunteer who is not an Auxilian in a Healthcare Facility with no Department of Volunteer Services is accountable to a Healthcare Facility designee.
RESPONSIBILITIES:

ADMINISTRATION is responsible for the operation of a Healthcare Facility including but not limited to writing policies and procedures that govern both the Auxiliary and the Department of Volunteer Services.

AUXILIARY responsibilities vary among Healthcare Facilities but should always support and promote the mission of the Healthcare Facility. Usually the primary responsibility of the Auxiliary is to support the In-Service Volunteer Program by recruiting Auxilians as In-Service Volunteers.

When a Department of Volunteer Service exists, the role of the Auxiliary should be supportive rather than supervisory. When no Department of Volunteer Services exists the Auxiliary usually assumes a supervisory role. In addition, the Auxiliary may raise funds, serve as liaison between the Healthcare Facility and the community as well as participate in legislative advocacy and affairs.

DEPARTMENT OF VOLUNTEER SERVICES is responsible for coordinating and managing the volunteer services program at the Healthcare Facility, including but not limited to, recruiting, interviewing, orienting, training and utilizing volunteers, as well as, educating staff, In-Service Volunteers and patients regarding volunteer services.

The Director of Volunteers should be an ex-officio member of the Auxiliary Board of Directors, work closely with the Auxiliary and assist with Auxiliary projects. While responsibility to the Healthcare Facility is recognized, the Director of Volunteer should respect the Auxiliary's confidentiality on matters pertaining to the Auxiliary.

COMMUNICATION:

In a Healthcare Facility that has both an Auxiliary and a Department of Volunteer Services, the Administration should promote the spirit of cooperation and understanding by providing written policies and procedures that clarify the lines of communication among the respective entities and by seeking open and honest communication from each of them.

The Auxiliary President should be the liaison between the Administration and the Auxilians.

The Director of Volunteer Services should be the liaison between the Administration, the Volunteers and the In-Service Volunteers.

CONFLICT MANAGEMENT:

When necessary, the Administration, the Auxiliary President and the Director of Volunteer Services should meet to discuss various issues. A review of policies and procedures plus dialogue, collaboration and mutual respect will impact the successful resolution of these items.

CONCLUSION:

Nothing could be better for a Healthcare Facility than a mutually supportive relationship among the Administration, the Auxiliary and the Department of Volunteer Services. These guidelines are suggested for reference only. Each Healthcare Facility is unique and should utilize the above guidelines accordingly. Cooperation, collaboration, communication and mutual respect should always exist among the respective parties.

It is recommended that these guidelines be reviewed and agreed upon by the Healthcare Facility's Administration, the Auxiliary President and the Director of Volunteer Services with each change of office and/or change of guidelines.

It is further recommended that these guidelines be reviewed biennially and changed as needed by representation from the Virginia Hospital Association's Board of Directors or designee and the then
current presidents and two committee members each from the Virginia Association of Hospital Auxiliaries/Volunteers and the Virginia Society for Directors of Healthcare Volunteer Services.

REFERENCES:


RELATIONSHIP GUIDELINES - THE AUXILIARY AND THE FOUNDATION/DEVELOPMENT DEPARTMENT

Auxiliaries may consider forming a working relationship with their facility's foundation/development department to assist in overall fund raising projects and should be approved by the Governing Board of the facility. Before embarking on such a project, responsibilities for each group should be clearly defined as well as designation for which group is in the leadership position. In all publicity the auxiliary should be named as co-sponsor and should receive credit for funds raised.

Prior to developing any working relationship the following issues must be determined:

- Staff/volunteer expectations of time, manpower, space, finance, etc. should be explored.
- A regular line of communications should be established.
- Duplication of efforts should be eliminated.
- Accountability should be determined.

A member of the auxiliary may be asked to serve on the foundation/development board or committee, and conversely, a foundation/development staff member may be invited to attend auxiliary board meetings. The goals of the two groups are the same -- to raise funds for the facility and the community.

SECTION II: VIRGINIA ASSOCIATION OF HEALTHCARE AUXILIARIES/VOLUNTEERS

THE VAHAV ORGANIZATION

The Virginia Association of Healthcare Auxiliaries/Volunteers (VAHAV) is the only organization of its kind in the state, which specifically serves healthcare auxiliaries, and volunteer’s organizations. Founded in 1949, the organization is dedicated to helping its member organizations achieve their full potential by offering recruitment tools, education, support, communication and vitalization to its members.

THE MISSION

The mission of the Association is to provide and develop effective leadership, support and education to member organizations of Virginia healthcare facilities.
MEMBERSHIP

Currently, 2012, VAHAV has fifty nine (59) healthcare auxiliaries and volunteer organizations as members. These organizations are made up of men and women who volunteer their time, expertise, and caring concern to Virginia’s healthcare facilities. Membership is open to any auxiliary or volunteer organization affiliated with a healthcare facility in the Commonwealth of Virginia and recognized by the governing body of the healthcare facility.

Benefits of membership include the following:

1) RECRUITMENT TOOLS
   a. Membership Consultants - are available to assist
   b. Printed Material - from, workshops and meetings

2) EDUCATION
   a. Annual Conference - offers three days of workshops and plenary sessions and is generally held in mid-to-late October.
   b. Legislative Issues Conference - provides education on advocacy and legislative issues, and is held jointly with the Virginia Hospital & Healthcare Association in Richmond in February
   c. Presidents’ Council Meeting - held immediately prior to the Annual Conference
   d. Spring Workshop and/or Gift Shop Show/Seminar - held when appropriate
   e. District Spring Meetings
   f. Reports/Correspondence - sent as information becomes available

3) SUPPORT AND COMMUNICATION
   a. VAHAV Connection - quarterly newsletter
   b. VAHAV Gift Shop Talk - Article in VAHAV Newsletter Connection
   c. VAHAV Counseling and Assistance - is provided by individual board members and district chair
   d. VAHAV Leadership Manual

4) VITALIZATION
   a. Personal Growth - through participation in VAHAV sponsored activities
   b. Networking Opportunities - to enable volunteers to learn from each other
   c. Valuable Voting Rights - for member organization representatives at the Annual Business Meeting and District Meetings
   d. Advocacy Participation - in local, state, and national issues
   e. Development of Knowledge and Skills - on local and statewide committees
   f. Positive Contribution - to the community

DISTRICTS

The state is divided into five districts designated by names: Capital, Hampton Roads, Northern, Piedmont, and Southwestern. As a member of VAHAV, each auxiliary or volunteer organization automatically becomes a member of the district in which it is located. Each district has a chair, vice chair and secretary elected by the voting members of that district. The chair acts as the liaison between member organizations and the state association.
Meetings
Annual Conference Presidents Meetings
Spring District Meetings held yearly

Courtesies
As in many situations, protocol must be followed. It is wise to remember protocol when introducing people at any auxiliary function, or seating people at a banquet. The highest-ranking guest should be seated to the presiding officer's right and introduced first. Following is a brief list of VAHAV and auxiliary officials according to rank:
- Officers of VAHAV (Executive Committee)
- Officers of VAHAV (Board)
- District Officers
- Auxiliary Officers
- Members

When a State or District Officer has been asked to speak, he/she should be permitted to do so at the beginning of the meeting, particularly if there is other business or entertainment planned.

Budgeted Funds
Budgeted funds may be spent for the following:
- Telephone calls
- Postage
- Printing/copying
- Mileage for District business
- Overnight accommodations for District business
- Expenses incurred doing District business
- Spring District Meetings (when funds from meeting registration are insufficient)
- Expenses incurred going to other District meetings for education purposes
- Expenses incurred by Nominating Committee of the District

Please do not take this to mean that you should spend all funds in your budget, simply because the funds are budgeted for your District.
District Standing Rules

1. The membership of the VAHAV is divided into five districts. The names of the five districts shall be Capital, Hampton Roads, Northern, Piedmont and Southwestern.
2. The object of each district shall be to bring into close unity the member organizations of the district to promote the policies, objectives and membership of the Virginia Association of Healthcare Auxiliaries and Volunteers.
3. Any hospital or healthcare facility auxiliary/volunteer organization, approved by the VAHAV that is located in the areas designated geographically shall be a member of that district.

4. Officers:

The officers of the district shall be the Chair, Vice-Chair and Secretary who shall perform duties as outlined in the District Officers' Job Descriptions.

(a) The term of an elected officer shall be two years. In special circumstances, with the approval of the VAHAV board, the term may be extended. An appointed officer filling an un-expired term for less than twelve months shall be eligible for election to that office for the regular two-year term.
(b) If possible, no two members of the same member organization shall serve as officers of the district simultaneously. An attempt shall be made so there is no concentration of chair and officers from on hospital or healthcare facility.
(c) In the case of a vacancy in the office of the District Chair, the Vice-Chair shall perform the duties of that office for the un-expired term. If the Vice-Chair is unable to fill the office of District Chair, leaving both offices vacant, the VAHAV President shall appoint a chair. The District Chair shall appoint a replacement to fill all the other vacancies, including Vice Chair.
(d) Only members of a member organization in the district are eligible to hold office. No paid Director of Volunteer Services, or other healthcare professional, may hold office in VAHAV.

5. Committees:

(a) The Executive Committee shall be composed of the elected district officers.
(b) Standing Committees may be the Newsletter, Public Relations, Legislation, Legal Concerns, Gift Shops, Teen Volunteers and Thrift Shops.
(c) Special Committees may be established at the discretion of the District Chair.
(d) The District Nominating Committee shall consist of three members. No member shall be nominated to serve on the Nominating Committee unless that person's consent has been obtained. The District Chair shall appoint two members, and the Vice-Chair of the district shall be chair of the committee.

6. Meetings:

(a) The Presidents' District Meeting shall be held in the fall during the VAHAV Annual Conference. The Meetings are attended by the President and President Elect of each member organization or by a designated representative. All members attending Annual Conference should attend a District meeting.
(b) Member organizations may present reports at this meeting. The reports shall be limited to two minutes and may include a summary of projects such as fund-raising, awards or community outreach.
(c) A Spring District Meeting shall be held annually hosted on a rotation basis by district member organizations. The election and installation of district officers shall be held at
this meeting. Elected officers shall begin their term of two years after the VAHAV Annual Conference.

(d) Dates for Spring District Meetings are set after consultation with the VAHAV President.

(e) The following shall be entitled to vote at District Meetings: district officers, delegates from member organizations, past district chair and VAHAV board members who reside in the district. Each member organization shall be entitled to two voting delegates.

7. Special district funds shall be raised only with the approval of the VAHAV Board of Directors.

8. A quorum for transaction of the district's business shall be a majority of delegates present and voting.

9. The District Chairmen shall review the District Standing Rules in odd-numbered years.

10. Amendments to the District Standing Rules may be proposed and approved at any District Meeting and shall become effective on the final approval of the VAHAV Board of Directors.

11. At the discretion of the VAHAV President and the outgoing District Chairmen, the incoming District Chair will be invited to attend the VAHAV Board Meeting.

12. All records shall be kept by the District Secretary and then passed by the outgoing District Chair to the incoming District Chair.


District Officers Job Descriptions

District Chairs

The District Chair is chief executive officer of the District and shall be an ex officio member of all committees, except the Nominating Committee. The Chair will serve on the Board of Directors of the VAHAV for his/her term of officer. The Chair shall keep the VAHAV President, President-Elect (District Liaison) and Communications Chair informed of names and addresses of all Auxiliary Presidents and submit a statistical report of the District as requested. The District Chair will make a written report to the VAHAV Board at all Board Meeting. He/she will have copies for the President and Recording Secretary and retain a copy for the District files. The Chair shall preside at all meetings of the District and the District Executive Committee. The Chair shall appoint chair of committees as required to perform the work of the District, except where otherwise provided in the District Standing Rules. The Chair shall supervise plans for extending, unifying and implementing the work of the VAHAV throughout the District, approve all programs of District. Plan a Spring District Meetings and secure Host Auxiliary for same. Plan Presidents' Meeting during the VAHAV Annual Conference. A call letter should be sent to all Auxiliary Presidents and VAHAV Board Members at least thirty days prior to these meeting dates. The District Chair is encouraged to visit with member auxiliaries at least once during his/her term of office and shall work closely with the Vice-Chair, encouraging him/her to accompany the District Chair on travel throughout the District.

DISTRICT VICE-CHAIR

The District Vice-Chair will work closely with the District Chair and accompany the Chair whenever possible on travels throughout the District, keeping in mind that the Vice-Chair is expected to follow the Chair in office.

DISTRICT SECRETARY

The District Secretary shall accurately record the minutes of the meetings of the District in permanent books belonging to the District. Under the directions of the District Chair, the Secretary shall perform the
necessary correspondence of the District. A copy of the minutes shall be sent to the District Chair within thirty days of District Meetings.

BOARD OF DIRECTORS

The VAHAV Board of Directors with approximately 25 members is all volunteers and represents healthcare facilities in all districts of the state. The board meets five times a year to develop policies, programs, educational meetings and materials, in order to fulfill its mission of service to the member organizations of the VAHAV.

LEGAL STATUS

VAHAV is a not-for-profit 501(c)(6), tax-exempt organization; therefore, it must operate exclusively for charitable and educational purposes.

AFFILIATIONS

While it is an autonomous organization, VAHAV is affiliated with the Virginia Hospital & Healthcare Association (VHHA) and receives valuable services and support from the association and its staff.

The Virginia Hospital & Healthcare Association (VHHA) is a non-profit trade association for Virginia hospitals and health systems, providing active representation and effective advocacy for its members.

Founded in 1926, VHHA’s mission is to help its members as they strive to improve the health status of the community they serve by offering comprehensive, accessible, quality cost-effective health services

The association will assume leadership for these major initiatives:

- Facilitating activities to improve health status with community leaders.
- Helping VHHA members evolve into effective integrated health service systems.
- Defining and measuring quality standards.

Major activities of the association in support of this mission and vision will be:

- Representation and advocacy leadership on policy issues affecting the delivery, quality, accessibility and cost effectiveness of healthcare.
- Education of members about changes in healthcare delivery and regulatory compliance.
- Communication with members and their constituents.
- Data resource for members, policy makers, state and national agencies, and purchaser groups.

MEMBER PARTICIPATION

Members of individual auxiliaries and volunteer organizations affiliate with a large group:

- To exchange ideas.
- To gain new knowledge.
- To organize and share in educational sessions.
- To provide the opportunity and challenge for Auxilians to assume leadership roles at the district, state and national levels.
Each Auxilian and volunteer is a vital part of this large statewide organization. When Auxilians and volunteers share ideas with one another, they strengthen their own organizations; at the same time, they assist other Auxilians and volunteers. Knowledge and new ideas that participants gain from VAHAV meetings and educational sessions help them in their roles of providing vital service to the healthcare facilities, patients, residents, staff, and communities they serve.

**VAHAV BYLAWS**

For

**The Virginia Association Of Healthcare Auxiliaries And Volunteers**

For a copy of the Bylaws go to [www.vahav.org](http://www.vahav.org)

Click on VAHAV Board- Blue Book and then click on Bylaw and Standing Rules.

They are in .pdf format.

**VAHAV STANDING RULES**

For

**Virginia Association Of Healthcare Auxiliaries And Volunteers**

For a copy of the Standing Rules go to [www.vahav.org](http://www.vahav.org)

Click on VAHAV Board- Blue Book and then click on Bylaw and Standing Rules.

They are in .pdf format.

**HISTORY**

In May 1949, a group of thirty-two women representing eight Virginia hospitals went to the John Marshall Hotel in Richmond to organize a state association for hospital auxiliaries. "We did not know each other, had no money and there were only seven states in the United States with such an organization. We knew the need and had faith it would all work out." The Virginia Association of Hospital Auxiliaries, VAOHA was formed. Later the "O" was officially dropped. Mrs. E.J. Clifton (Hattie Jane) of Johnson Memorial Hospital Auxiliary in Abingdon served as the first President of the organization.

Within a year, the membership had grown and the VAOHA became a member of the Women's Committee of the American Hospital Association and an associate member of the Virginia Hospital Association.

This new association helped to organize new auxiliaries and involve members in the sharing of ideas and solutions through encouraging state meetings and state newsletters. Nursing scholarships, teen volunteers, new fundraising and dividing into districts followed. Hospital Volunteer Day was created and so proclaimed by the Governor of Virginia. Relationships were developed with regional and national auxiliary organizations, leading to more and more educational opportunities.
Education and organization became paramount, adding position guidelines, district newsletters, a manual on motions and policies, gift shop and Parliamentary guidelines, district-standing rules were made uniform, as well as the establishment of a state resource library. A rating system for auxiliaries was initiated; “VAHA is...” brochures were created and distributed; Financial Management Guidelines for non-profit auxiliaries were distributed; and the first gift shop show/seminar was a huge success. Guidelines for recording hours were established; the first overnight district retreats were held; and an auxiliary assessment was encouraged. VAHA explored involvement in adolescent health and studied methods of recruitment. During this time nursing home volunteers were invited to join our organization.

In the early 1950s VAHA was represented at a national conference. "Pinkie" the puppet made its way east from California - the beginning of the many ideas gained by leadership at state, regional and national meetings through attending workshops and networking. Association leaders attend and participate in state, regional and national conferences; conference attendance by the VAHA President and President-elect is encouraged as is attendance by board members to meetings relating to their respective duties.

In 1956 many local fundraising projects took place and have now expanded to state and out of state business vendors offering jewelry, books, uniforms, shoes etc. that pays the host auxiliary a percent of the sales. Snack Bars, Gift Shops, Thrift Shops and Holiday "Tree of Lights" are also some of the popular projects for auxiliaries. That same year Teen Volunteers began working in Virginia hospitals and in 1960 a "Candy Striper" state chair was appointed. Today many teen volunteer programs work directly with the Directors of Volunteer Services. Also in 1956, the VAHA published its first newsletter, The Virginia Auxiliary News. The name was changed through the years and is currently printed as the VAHA Connection. District newsletters were developed later, and the state Gift Shop Talk was introduced.

The early 1960s brought a request from the Virginia Hospital & Healthcare Association (VHHA) for aid from the auxiliaries on legislative matters. The need continued and in 1970, a Legislative Chair for VAHA was appointed and with the encouragements of VHHA legislative issues were addressed. A statewide system of communication to act quickly on important issues was (VAHA 1994) established. Legislative issues with healthcare have become more frequent, and auxiliary advocacy is promoted on local, state and national levels. The VHHA and the VAHA co-sponsored a Legislative Issues Conference in Richmond; this annual meeting continues each February giving the attendees an opportunity to be briefed on healthcare issues and to visit elected legislative representatives.

The Association grew substantially in its first decade and was originally divided into three districts. By 1967, VAHA had divided the state into five districts naming them: Capital, Hampton Roads, Northern, Piedmont and Southwestern.

The growth in many hospital services throughout the state created a need for directors for volunteer services. Using VAHA as a model, the DVS’s organized their own state organization a few years later, and by 1978 a new line of communication with the state society of DVS’s and the VAHA was established. Interaction with the State Directors of Volunteers led to presidents of each organization serving ex-officio on the others board. VSDHVS (Virginia Society for Directors of Healthcare Volunteer Services) now meets jointly with our Association at the Annual Conference in October in order to better share speakers, vendors and networking opportunities.

In the VAHAV's early years, most board members paid their own expenses. In 1968, VHHA Council on Volunteer Services granted financial support to underwrite some of the expenses hitherto borne by the board and to assist the Association in performing educational services, support and communication within its membership. Information and education, gathered by the capacity to attend regional and national meetings, improved the VAHAV's effectiveness and its membership grew. This assistance also enabled the VAHAV President to visit auxiliaries throughout the state. VHHA's financial support has increased and continues today.

1974 brought the creation of an official VAHA emblem including a patch for uniforms, a pin and a decal. All of these items were made available to all member auxiliaries at cost. The first male president of an auxiliary was installed in 1978. Men have become an important part of our member organizations and have served on local, district and state levels. The first male president who served at the state level
was Frank Giunti (2003-2004). The Association began Individual Mailings (AIM) in 1987 providing auxiliary members, volunteers and other interested parties a means of keeping up with the mailings from their state organization.

Through the years, guidelines for board positions have been developed as well as more information on district responsibilities, gift shops, thrift shops, parliamentary development, workshops, meetings, relationships among auxiliaries, DVSS/VSMs and CEOs, recording hours for local, district and state levels, skills bank, volunteer recruitment and legal concerns. Samples of a News Release and a Memorandum of Understanding have also been created and can be found in The Leadership Manual. This VAHAV Handbook is updated regularly, leading to useful materials being made available to members providing organizational information under one cover.

A history of VAHA was compiled and printed on the 40th Anniversary in Williamsburg in 1989, and ten years later the 50th Anniversary was celebrated as a Voyage of Discovery in Virginia Beach (1999). That year also marked the first one-year term for the VAHA President.

In 2000 our name was officially changed to the Virginia Association of Healthcare Auxiliaries & Volunteers by vote of the general membership at the Annual Meeting. Membership was opened to any volunteer group connected with a Virginia healthcare facility and recognized by the governing body of the healthcare facility. Participation at the Legislative Issues Conference, District and State meetings has increased. Speeches, educational and networking workshops offered at these conferences have expanded to help member organizations develop successful programs and services. This same year marked the creation of the first website for VAHAV and we joined in the recognition of the International Year of the Volunteer.

VAHAV established a leadership development program in 2004 that provides funds for two individuals from two member organizations to attend the Annual Conference. This fund was originally endowed by contributions from the daughters of Anne Lewis who was VAHAV President Elect, and who passed away before she took the office of President.

Further expanding the scope of its membership, hospice members were invited to join VAHAV, and VAHAV joined the Virginia Association of Hospices (VAH). Volunteers perform many of the same jobs and raise funds for their organizations in the same ways, so it is hoped that information can be shared to enrich the volunteer experience collaborating to provide ongoing education and recruitment.

Originally the purpose of the auxiliaries was to provide service to hospitals and their patients. Each auxiliary operated according to the needs of the individual hospital, some adding a personal touch to make patient's stays more comfortable, and others being fund-raising groups. To this day, the purpose of the auxiliary or the volunteer organization often includes these two original needs, but much has been added in the ever-changing healthcare world. VAHAV has become more and more involved with education, motivating and training leaders to even more contribution in the health care world today. Setting effective means of cooperation with other state and national organizations of similar interests has been an integral of this mission.

Since the beginnings of the VAHAV back in 1949, many changes have occurred, but many things remain the same. Thirty-five presidents have held office over the years, and the Association continues to meet the challenge of change in healthcare with its up-to-date programs, communication, leadership and member organization support. With vision, purpose, commitment and dedication, VAHAV anticipates a future of growth and service. The goal is to accomplish our Mission: “...to develop and provide leadership, support, and education for its member organizations.”

HISTORY OF MEMBERSHIP

Through the years Virginia healthcare auxiliaries have continued to join the VAHAV. Listed are the Association's Charter Members followed by auxiliary members as they joined the association.

(* Denotes reinstatement or reorganization after withdrawal and + Denotes name change)
### Charter Members

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<thead>
<tr>
<th>Name of Auxiliary</th>
<th>City</th>
<th>Year Joined</th>
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<tbody>
<tr>
<td>Arlington</td>
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<td>Danville Memorial</td>
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<td>Maryview</td>
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### Auxiliary Members

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<tr>
<td>Ridgecrest Manor Nursing Home</td>
<td>Duffield</td>
<td>1982</td>
</tr>
<tr>
<td>St. John's Hospital Alumni Association</td>
<td>Richmond</td>
<td>1983</td>
</tr>
<tr>
<td>The Board of Lady Managers of Alexandria</td>
<td>Alexandria</td>
<td>1983</td>
</tr>
<tr>
<td>*Norton Community</td>
<td>Norton</td>
<td>1984</td>
</tr>
<tr>
<td>*Carilion St. Albans Psychiatric</td>
<td>Radford</td>
<td>1985</td>
</tr>
<tr>
<td>+Richmond Memorial</td>
<td>BonSecours</td>
<td>Richmond</td>
</tr>
<tr>
<td>Rehabilitation Institute of VA</td>
<td>Newport News</td>
<td>1986</td>
</tr>
<tr>
<td>Jefferson Memorial</td>
<td>Alexandria</td>
<td>1988</td>
</tr>
<tr>
<td>Southside Regional Medical Center Guild</td>
<td>Petersburg</td>
<td>1989</td>
</tr>
<tr>
<td>Auxiliary of University Park and the Windsor</td>
<td>Richmond</td>
<td>1989</td>
</tr>
<tr>
<td>Mary Immaculate</td>
<td>Newport News</td>
<td>1962</td>
</tr>
<tr>
<td>Lake Taylor</td>
<td>Norfolk</td>
<td>1994</td>
</tr>
<tr>
<td>Dickerson County Medical Center</td>
<td>Clintwood</td>
<td>1995</td>
</tr>
<tr>
<td>DeWitt Army Healthcare System</td>
<td>Fort Belvoir</td>
<td>1995</td>
</tr>
<tr>
<td>Russell County Medical Center</td>
<td>Lebanon</td>
<td>1996</td>
</tr>
<tr>
<td>Lucy Corr Nursing Home</td>
<td>Chesterfield</td>
<td>1999</td>
</tr>
<tr>
<td>Bath County Community</td>
<td>Hot Springs</td>
<td>1999</td>
</tr>
<tr>
<td>Lewis-Gale Nursing Home</td>
<td>Salem</td>
<td>2000</td>
</tr>
<tr>
<td>+Carilion Medical Center</td>
<td>Roanoke</td>
<td>2003</td>
</tr>
<tr>
<td>Hospice of the Rapidan</td>
<td>Culpeper</td>
<td>2004</td>
</tr>
<tr>
<td>Sheltering Arms Physical Rehabilitation Hospital</td>
<td>Mechanisville</td>
<td>2004</td>
</tr>
<tr>
<td>Blue Ridge Hospice</td>
<td>Winchester</td>
<td>2004</td>
</tr>
<tr>
<td>Southampton Memorial Hospital</td>
<td>Franklin</td>
<td>2005</td>
</tr>
<tr>
<td>Hospice Community Hospice</td>
<td>Glen Allen</td>
<td>2006</td>
</tr>
<tr>
<td>Virginia Association for Hospices Board</td>
<td></td>
<td>2006</td>
</tr>
<tr>
<td>Hospice of the Hills</td>
<td>Lynchburg</td>
<td>2006</td>
</tr>
<tr>
<td>Good Samaritan Hospice</td>
<td>Roanoke</td>
<td>2006</td>
</tr>
<tr>
<td>AMC Hospice of the Shenandoah</td>
<td>Fisherville</td>
<td>2006</td>
</tr>
<tr>
<td>Stafford Hospital Center</td>
<td>Stafford</td>
<td>2009</td>
</tr>
</tbody>
</table>

**Past Presidents**

(* Denotes deceased)

2014-2015 Marion “Barney” Barnwell, Inova Mount Vernon Hospital, Alexandria
2013-2014 Alane Lovern, Norton Community Hospital, Norton
2012-2013 Doris Jean Raynes, Sentara RMH Medical Center, Harrisonburg
2011-2012 Rochelle Grey, Mary Washington Hospital, Fredericksburg
2010-2011 Jeanne Banks, Sentara Obici Hospital, Suffolk
2009-2010 Emily Brooks, Community Memorial Healthcenter, South Hill
2008-2009 Carolyn Johnson, Carilion Franklin Memorial Hospital, Rocky Mount
2007-2008 Paula Faverio, Rockingham Memorial Hospital, Shenandoah
2006-2007 J. Scott Kammire, University of Virginia Hospital, Charlottesville
2005-2006 Cathie Johnson, Valley Health Warren Memorial Hospital, Front Royal
2004-2005 Virginia Lucy, Community Memorial Healthcenter, Brodnax
2003-2004 Frank Giunti, Mary Immaculate Hospital, Newport News *2011
2001-2003 Maureen Khan, Inova Fairfax Hospital, Oakton
2000-2001 Bonnie Boyles, Lynchburg General Hospital, Lynchburg
<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2000</td>
<td>Mary Still</td>
<td>MCV Hospitals of VCU, Richmond</td>
</tr>
<tr>
<td>1998-1999</td>
<td>Donna Berg</td>
<td>Chesapeake General Hospital, Virginia Beach</td>
</tr>
<tr>
<td>1996-1998</td>
<td>Joan Ward</td>
<td>Lynchburg General Hospital, Lynchburg</td>
</tr>
<tr>
<td>1994-1996</td>
<td>Beth Parker</td>
<td>Community Memorial Healthcenter, Lawrenceville</td>
</tr>
<tr>
<td>1990-1992</td>
<td>Mrs. John G. Bernard</td>
<td>Franklin Memorial Hospital, Rocky Mount</td>
</tr>
<tr>
<td>1988-1990</td>
<td>Mrs. N. Curtis Hoffler</td>
<td>Portsmouth General Hospital, Portsmouth</td>
</tr>
<tr>
<td>1986-1988</td>
<td>Mrs. George Delaney</td>
<td>Lynchburg General Hospital, Lynchburg</td>
</tr>
<tr>
<td>1984-1986</td>
<td>Mrs. Joseph Bandrofcheck</td>
<td>St. Mary's Hospital, Richmond</td>
</tr>
<tr>
<td>1982-1984</td>
<td>Mrs. William Plummer</td>
<td>Fairfax Hospital, Falls Church</td>
</tr>
<tr>
<td>1980-1982</td>
<td>Mrs. Carl Jensen</td>
<td>Community Hospital of Roanoke Valley, Roanoke</td>
</tr>
<tr>
<td>1978-1980</td>
<td>Mrs. Otha Givens</td>
<td>Riverside Hospital, Newport News</td>
</tr>
<tr>
<td>1976-1978</td>
<td>Mrs. Donald K. Dooley</td>
<td>Bedford County Memorial Hospital, Bedford</td>
</tr>
<tr>
<td>1974-1976</td>
<td>Mrs. L. P. Brockwell</td>
<td>Greensville Memorial Hospital, Emporia</td>
</tr>
<tr>
<td>1972-1974</td>
<td>Mrs. Prudence Mathews</td>
<td>Warren Memorial Hospital, Front Royal</td>
</tr>
<tr>
<td>1970-1972</td>
<td>Mrs. Everett L. Palmer</td>
<td>Virginia Baptist Hospital, Lynchburg</td>
</tr>
<tr>
<td>1968-1970</td>
<td>Mrs. Eugene Bloom</td>
<td>Greensville Memorial Hospital, Emporia</td>
</tr>
<tr>
<td>1966-1968</td>
<td>Mrs. Robert Lanier</td>
<td>Fairfax &amp; Page Memorial Hospitals</td>
</tr>
<tr>
<td>1964-1966</td>
<td>Mrs. J. Leslie Stone</td>
<td>Lynchburg General Hospital, Lynchburg</td>
</tr>
<tr>
<td>1962-1964</td>
<td>Mrs. William F. Bateman</td>
<td>DePaul Hospital, Norfolk</td>
</tr>
<tr>
<td>1960-1962</td>
<td>Mrs. Charles Lewis</td>
<td>Ladies Board of Loudoun County, Leesburg</td>
</tr>
<tr>
<td>1958-1960</td>
<td>Mrs. Samuel Miller</td>
<td>Maryview Memorial Hospital, Abingdon</td>
</tr>
<tr>
<td>1956-1958</td>
<td>Mrs. Daniel Hawley</td>
<td>Maryview Hospital, Portsmouth</td>
</tr>
<tr>
<td>1954-1956</td>
<td>Sue Brooke</td>
<td>Norfolk General Hospital, Norfolk</td>
</tr>
<tr>
<td>1952-1954</td>
<td>Mrs. Marvin Moseley</td>
<td>Guggenheimer Memorial Hospital, Lynchburg</td>
</tr>
<tr>
<td>1951-1952</td>
<td>Mrs. W. L. Prator</td>
<td>Thomas McKee Hospital, Saltsville</td>
</tr>
<tr>
<td>1949-1951</td>
<td>Mrs. E. J. Clifton</td>
<td>Johnson Memorial Hospital, Abingdon</td>
</tr>
</tbody>
</table>

**SECTION III. VAHAV DIRECTORIES**

The directories are in a separate document and may be obtained from the Communications Chairman.

For the current chairman email to Communications@vahav.org
SECTION IV. FORMS

DIRECTORY CHANGES

Your Name:___________________________________________________________

Title:_________________________________________________________________

(  ) Auxiliary President, (  ) DVS/VSM, (  ) Gift Shop, (  ) Legislative, (  ) Thrift Ship

Month___, Day___, Year____, If for President, please give ending date for term of office,

Hospital:_________________________________________________________________

Your Mailing Preference as Below: (  ) Home, (  ) Hospital

Street Address:_________________________________________________________________

City_________________________________________________________________

State__________________, Zip___________________

Area Code:__________, Telephone_____________________

Fax Area Code:_______, Fax Telephone_________________

Email:_____________________________________________

Send a Copy to the Communications Chair communications@vahav.org or go to www.vahav.org and select VAHAV Make Directory Change and fill out the form.
ANNUAL MEMBERSHIP DUES

The Virginia Association of Healthcare Auxiliaries and Volunteers has been established as a nonprofit organization. As such, VAHAV depends upon its member auxiliaries and volunteer facilities to support the organization through its submission of yearly membership dues. These annual dues enable VAHAV to function at the State and National levels and represent your activities as described in Article 11 of the By-Laws found in Section 11 of the VAHAV Leadership Manual.

The number of adult Auxilians and Volunteers you identified and included in the Annual Survey determines the amount of dues your organization is assessed. The Base Charge varies between $15.00 and $80.00 based on the total number of members reported. The per-member charge is $.35 per member. The range of the Base Charge is as follows:

<table>
<thead>
<tr>
<th>Total Volunteer Membership</th>
<th>Base Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- 50</td>
<td>$15.00</td>
</tr>
<tr>
<td>51- 100</td>
<td>30.00</td>
</tr>
<tr>
<td>101- 200</td>
<td>45.00</td>
</tr>
<tr>
<td>201- 400</td>
<td>60.00</td>
</tr>
<tr>
<td>400 or more</td>
<td>80.00</td>
</tr>
</tbody>
</table>

The approved method of computing membership dues for your organization is as follows:

__________ Members @ $.35 per member = $_______________________

Base charge for your organization = $_______________________

( )$15, ( ) $30, ( ) $45, ( )$60, ( ) $80

AMOUNT DUE = $_______________________

Please return your Application for Membership along with the appropriate dues to the VAHAV treasurer and retain one (1) copy for your files.

Please e-mail (treasurer@vahav.org) any questions or comments you have.

Best wishes to all....

VAHAV Treasurer

Email: treasurer@vahav.org
APPLICATION FOR MEMBERSHIP

Date: __________________________
Organization Name:

_____________________________________________________________________

We hereby make application for membership in the Virginia Association of Healthcare Auxiliaries & Volunteers (VAHAV).

We understand that our membership is renewed upon payment of annual dues. Payment of $_______________ is, ( ) enclosed or ( ) previously submitted. Second year dues will be reduced by pro-rating the number of months remaining in your membership at the close of the fiscal year. Payment should be made to the VAHAV and directed to the Treasurer.

Name:
_____________________________________________________________________

Title:
_____________________________________________________________________

Address:
_____________________________________________________________________
_____________________________________________________________________

Telephone:
_____________________________________________________________________

Email:
_____________________________________________________________________

Other:
Name:
_____________________________________________________________________

Title:
_____________________________________________________________________

Address:
_____________________________________________________________________
_____________________________________________________________________

Telephone:
_____________________________________________________________________

Email:
_____________________________________________________________________

Please return a copy of this application form to the President, Membership Chair, and the Treasurer.

For their mailing address send an email to communications@vahav.org or visit the website at vahav.org and send an email from there.
The Virginia Association of Healthcare Auxiliaries and Volunteers has been established as a nonprofit organization. As such, VAHAV depends upon its member auxiliaries and volunteer facilities to support the organization through its submission of yearly membership dues. These annual dues enable VAHAV to function at the State and National levels and represent your activities as described in Article II of the By-Laws found in Section II of the VAHAV Leadership Manual.

The number of Adult Auxilians and Volunteers you identified and included in the Annual Survey determines the amount of dues your organization is assessed. The Base Charge varies between $15.00 and $80.00 based on the total number of members reported. The per-member charge is $.35 per member. The range of the Base Charge is as follows:

<table>
<thead>
<tr>
<th>Total Membership</th>
<th>Base Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-50</td>
<td>$15.00</td>
</tr>
<tr>
<td>51-100</td>
<td>$30.00</td>
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<tr>
<td>101-200</td>
<td>$45.00</td>
</tr>
<tr>
<td>201-400</td>
<td>$60.00</td>
</tr>
<tr>
<td>400 or more</td>
<td>$80.00</td>
</tr>
</tbody>
</table>

The approved method of computing membership dues for your organization is as follows:

__________________________ Adult Members @ $.35 per member = $

Base charge for your organization = $ ____________________________
( )$15; ( )$30; ( )$45; ( )$60; ( )$80

AMOUNT DUE = $
ANNE LEWIS LEADERSHIP DEVELOPMENT FUND APPLICATION

The Anne Lewis Leadership Development Fund of the Virginia Association of Healthcare Auxiliaries and Volunteers (VAHAV) will fund:

- Registration for two (2) attendees to the VAHAV Annual Conference
- Hotel accommodations (double occupancy)
- Mileage at VAHAV rate for one (1) vehicle
- Meals that are not provided at the conference (VAHAV allowance)

APPLICANT’S NAME:
____________________________________________________________________________

NAME OF MEMBER ORGANIZATION:
____________________________________________________________________________

FACILITY ADDRESS:
____________________________________________________________________________

====================================================================

REASON FOR APPLYING:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

For further information contact the Leadership Development Chair at: www.VAHAV.org
Mail completed application to leadershipdevelopment@vahav.org
Would a member of your group be interested in attending a VAHAV Board meeting and eventually become a member of the Board? VAHAV Board meetings are held at the Roslyn Retreat Center in Richmond. There are three (3) overnight meetings each year. Room and meals are provided at the Center. You may be requested to share your room with a board member.

NAME: 
_________________________________________________________________________

ADDRESS: 
_________________________________________________________________________

CITY: _____________________________________________ VA. Zip Code: 

PHONE: 
_________________________________________________________________________

EMAIL: 
_________________________________________________________________________

I am an active member of the Auxiliary/Volunteer organization at:

_________________________________________________________________________

Please state reason for your interest in attending a meeting.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Dates of upcoming Board meetings are posted on the VAHAV website: 
www.vahav.org

Mail completed application to leadershipdevelopment@vahav.org
VAHAV SKILLS BANK

HOPITAL_________________________________________________________VAHAV DISTRICT:_________________

NAME: __________________.__________________________________ PHONE__________________________________

HOME ADDRESS:_____________________________________________________________________________

CURRENT OFFICE AND/OR SERVICE WORK__________________________________________________________

______________________________________________________________________________

PAST ORGANIZATIONAL EXPERIENCE & EXPERTISE____________________________________________________

_____________________________________________________________________________________________________

FAMILY________________________________________________________________________

HOME & COMMUNITY INTERESTS_____________________________________________________________

_______________________________________________________________________________________________

HOBBIES, TALELNTS & EXPERTISE____________________________________________________________________

_____________________________________________________________________________________________________

REMEMBER PLEASE: AUXILIANS AND THEIR ORGANIZATION CONTINUE TO GROW THROUGH
EXPERIENCE AND INVOLVEMENT!!!

1. WOULD YOU BE WILLING TO SHARE YOUR EXPERIENCE/EXPERTISE AT A STATE MEETING? YES__ NO__
   IF YES, WITH A LARGE GROUP?_____ WORKSHOP?_____ DISTRICT MEETING? _____

2. WOULD YOU CONSIDER A POSITION ON THE:
   VAHAV DISTRICT BOARD? YES_____ NO_____ VAHAV BOARD OF DIRECTORS? YES_____ NO_____

MY SPECIAL INTEREST IS__________________________ COMMITTEE.

COMMENTS:______________________________________________________________________________

COMMENTS CONTNUED______________________________________________________________________________

PLEASE RETURN THIS FORM TO:
   ONE COPY TO: VAHAV PRESIDENT
   ONE COPY TO: DISTRICT CHAIR

SIGNED:__________________________________________________

DATED:___________________________________________________
MEMORANDUM OF UNDERSTANDING

This memorandum of Understanding is made and entered into this _________day of ____________, 20____, by and between the Auxiliary, hereinafter referred to as "Auxiliary" and__________________________, hereinafter referred to as "Vendor".

The Auxiliary is a service organization associated with __________________Hospital, ________________ Virginia, and the Vendor from ________________________________, sells certain items of personal property clearly defined as follows:

_________________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The Auxiliary and Vendor agree that the sale of the Vendor's items, as listed above, is to be conducted at __________________Hospital on the _______ day of ____________, 20____, beginning at __________ a.m./p.m. and ending at _____________ a.m./p.m. The Vendor will be allowed to set up the items at ____________ a.m./p.m. on the ______ day of ______________, 20____, prior to the sale and dismantle by ___________ a.m./p.m. on the ______ day of _____________, 20____, after the sale.

The Vendor agrees to pay the Auxiliary ______.percent (______%) of the gross receipts if said sale. Either party may terminate Memorandum of Understanding giving (______) days notice in writing of their intention to cancel and Memorandum of Understanding will be null and void.

___________________________________________(Seal)
(Name) - Authorized Auxiliary Representative

_______________________________________________Auxiliary

______________________________________________President

________________________________________(Seal)
(Name) - Authorized Vendor Representative
SAMPLE

APPLICATION FOR VOLUNTEER SERVICE

Name:  Mr.  
       Mrs.  
       Ms.  
       (Last)  (First)  (Middle)  
       (Picture)  

Home Address:  

(Street)  

(City)  (State)  (Zip)  

Telephone Number:  

Name of Spouse:  (if applicable)  

Date of Birth:  

General Health:  

Children & Ages:  

Mode of Transportation:  

Employment Experience:  

Education Completed:  

Prior Volunteer Experience:  

Skills, Special Interest and/or Fluency in a Foreign Language:  

Services(s) Preferred:  

Days and Hours:  

Participation in Other Community Organizations:  

Person to Call in Event of Emergency:  

(Name)  

(Relationship)  (Telephone No.)  

Referred By:  

Date:  

Interviewed By:  


SECTION V. SUGGESTED GUIDELINES FOR WRITING AUXILIARY BYLAWS

Article I Name
The name of the auxiliary

Article II Purpose
The purpose of the auxiliary is to render service to the facility and its patients/residents. The auxiliary will promote the health and welfare of the community in accordance with the objectives of the facility it serves.

Article III Membership
Membership shall be non-sectarian and open to all individuals.

Article IV Annual Meeting
The membership will meet in session once a year for the election of officers, receiving annual reports of officers, and any other business to come before the membership. Notice of this meeting shall be sent to all members in advance of the meeting. Time and place of the meeting shall be determined by the President. A majority of those present shall constitute a quorum for the annual meeting.

Article V Officers
The officers shall be President, President-Elect, Vice President, Secretary, and Treasurer. A person who has held the office of President may not be re-elected to the office of President-Elect in the subsequent year. Other officers may be re-elected for additional terms with established limits. Election of officers shall be held at the annual meeting. A slate of candidates shall be presented by the nominating committee; additional names may be presented from the floor, or to the nominating committee in advance of the meeting.

Article VI Duties of Officers

President:
The President shall serve as chair of the auxiliary's Board of Directors, be chief representative to the facility and manager of the auxiliary, and shall preside over all meetings.

This officer will appoint chair of special committees as they are needed, be an ex officio member of all standing committees with the exception of the nominating committee, give a report of the auxiliary's activities to the membership as well as to the facility's governing board, and any other duties appropriate for the office of President.

President-elect:
This officer is responsible to the President. The President-Elect assumes the role of President if the chief officer is incapacitated or resigns from office, and any other duties assigned by the President.

Vice President:
The Vice President assists the President and will assume the role of President if the President and President-Elect are unable to do so. She/he will perform any other duties assigned by the President.

Secretary:
The Secretary is the recording officer of all minutes, sends out notices of meetings, and conducts any correspondence for the auxiliary except where otherwise provided.

The Secretary is the custodian of all records belonging to the auxiliary, and provides the opportunity for any Auxilian to examine the records if the member wished to do so.

Treasurer:
The Treasurer is responsible for keeping a record of all financial affairs of the auxiliary, is responsible for an audited report at the annual meeting, and shall prepare interim reports if requested by the Board of Directors.
The Treasurer will receive money and expend funds listed in the annual operating budget or specifically authorized by the Board of Directors.

The Treasurer sees that all checks written against auxiliary funds are signed by authorized persons.

**Article VII**

**Board of Directors:**

The Board of Directors of the auxiliary shall consist of the officers of the auxiliary; it may also include the chair of standing committees.

The Board of Directors assumes the liability of the auxiliary's activities. It manages the property and funds of the auxiliary. The Board of Directors establishes a schedule of regular meetings. The President may call special meetings with written notice, or by telephone.

**Article VIII**

**Executive Committee:**

This committee shall consist of the officers of the auxiliary. It is empowered to act for the Board when action must be taken before the next Board of Directors meeting. Meetings may be held at the wish of the President. Decisions of the Executive Committee are recommendations, and are subject to approval by the Board of Directors.

**Article IX**

**Nominating Committee:**

A pre-determined number of members comprise this committee, one member serving as chair. The chair shall have served previously on the Board of Directors. One or two members should be retired each year in order to retain experienced persons on the committee. The Nominating Committee should function year-round.

**Article X**

**Standing Committee:**

Standing Committees include all regular committees, except the Executive Committee. These Committees are authorized by the Board of Directors according to the needs of the auxiliary. Each Standing Committee has a job description which lists its responsibilities. Each Committee chair may have a co-chair. The chair of each Committee files an annual report.

**Article XI**

**Ad Hoc Committees:**

The President of the auxiliary appoints the chair of these committees. Ad Hoc Committees are established when there is a specific task to be accomplished; they are dissolved when the task is completed.

**Article XII**

**Fiscal Year:**

The Fiscal Year shall be designated in the bylaws.

**Article XIII**

**Parliamentary Authority:**

The Parliamentary Authority shall be Roberts Rules of Order, Newly Revised.

**Article XIV**

**Amendments:**

The bylaws may be amended by a majority of the members voting affirmatively at any meeting of the membership. Notice of the proposed amendment must be furnished to members for a specified time prior to the voting meeting.

**Article XV**

**Dissolution:**

In the event the auxiliary is ever dissolved or ceases to function, the assets shall be disbursed for charitable purposes as agreed upon by the Auxiliary Board of Directors.

**STANDING RULES**

Organizations may adopt rules of procedure that add to or vary from their parliamentary authority. While rules that are temporary and intended for a special situation are special rules, rules that stand until revoked are standing rules. These can be adopted by the Board of Directors without notice, and abolished or amended in the same manner.

**SECTION VI. MEMBERSHIP**

**MEMBERSHIP POLICY**

An auxiliary's bylaws set forth its membership policy.
MEMBERSHIP QUALIFICATIONS

- Membership should be open to any adult interested in serving the facility and its functions. The policy should encourage persons with varied talents as well as members of diverse community groups.
- The only restriction should be limiting its membership to adults, to underscore the permanence of the auxiliary.

MEMBERSHIP DUES

- Reason for dues
- Payment of dues is the best determinant of membership.
- Provides the funding for the auxiliary's operating budget (administrative expenses).
- Provides the funds to produce and distribute an annual auxiliary membership list to Auxilians and the facility they serve.
- Bylaws should establish a definite period of time after which dues are considered delinquent.

TYPES OF MEMBERSHIP

- Individual memberships
- Active members are adults who agree to pay dues and participate in the activities of the auxiliary.
- Associate members are adults who agree to pay dues and are not required to participate in activities of the auxiliary.
- Honorary members are recognized for outstanding service. They do not pay dues. These persons are not necessarily Auxilians, but the recognition is an opportunity for the auxiliary to interact with the community.
- Life memberships have been a part of some auxiliaries. They have been awarded to persons making large monetary contributions to the auxiliary. They do not pay dues.
- Liaison memberships
- Liaison membership allows another healthcare facility/department to send one of its members to auxiliary meetings in order to have knowledge of auxiliary activities. Such a membership establishes successful cooperation within the facility. Generally, the group pays no dues and does not vote.
- Group memberships
- Another organization may join the auxiliary as one member, bound by the same rules as an individual. It pays and makes a commitment to help the healthcare facility. It is difficult for this kind of membership to achieve real commitment, since the organization itself has its own goals.

RESPONSIBILITY OF MEMBERS TO THE AUXILIARY

Members should:

- Participate in the required orientations and facility tours.
- Know your auxiliary by studying its bylaws and policies.
- Accept responsibility as outlined in the job description for your role; attend meetings and actively participate.
- Be a good public relations ambassador for your facility in the community.
- Offer to represent your auxiliary at district or state meetings when the opportunity presents itself.

RESPONSIBILITY OF THE AUXILIARY TO ITS MEMBERS

Auxiliary should:

- Have a well-planned orientation program to ensure effective participation. Always keep your mission before the membership. Orientation should give members an opportunity to match their talents to the needs of the facility.
- Develop a calendar of auxiliary meetings and events.
- Respect members by beginning and ending meetings at scheduled times. Insist that participants honor their allotted time segments.
- Provide a copy of the bylaws to each member.
- Provide an up-to-date copy of policies and procedures to all officers and committee chair. Committee members should have a written statement of the committee's purpose, function, and responsibilities.
- Circulate among board members (and ideally all Auxilians) reference materials published by national and
state healthcare associations. They should be made aware of the VAHAV Resource Library, and be encouraged to use it.

- Send members when possible to district, state and national meetings.
- Assess the auxiliary's image to be sure it is responsive to community needs.
- Provide for advancement of auxiliary members. The bylaws should call for a vice-chair as well as a chair for each standing committee. Terms of officers and committee chair should be limited, as well as the number of consecutive years a person may serve on the Board of Directors.
- Recruit new members on an ongoing basis.

**RECRUITMENT, RECOGNITION, AND RETENTION**

The three "R's" form a circle of activity for a healthy auxiliary. Once an auxiliary has recruited new members, placed them in suitable positions, and given them proper recognition, they will remain loyal members and will recruit others to join them.

**Recruitment**

Recruitment is a continuous challenge for many volunteer organizations, even though national statistics show that more people are volunteering more hours each year. If your auxiliary is seeking new members, answer the following questions to see if you need to adjust or to change:

- Do we have interesting, challenging positions and programs to offer new members?
- Do we welcome new members into our group and make them feel "at home"?
- Do we have a year-round specific recruitment program?
- Do we seek male members, new members from all ethnic groups, as well as disabled persons?
- Do we have the flexibility to offer meaningful positions to young mothers and full-time employed people?
- Do we use other community groups to fill special needs?
- Do we offer opportunities for members to learn new skills, to socialize, and to move into leadership positions?
- Do we continuously evaluate our members' satisfaction with their volunteer experience?
- Do we represent our auxiliary with enthusiasm and a positive attitude?

Employ and utilize a variety of recruiting techniques, such as:

- Newspapers.
- Radio and television.
- Posters, business cards, and bumper stickers.
- Presentations and speeches to service fraternal and social groups.
- Brochures, flyers and other printed material.
- Displays and/or active auxiliary assistance (in shops, at health fairs, and at food and craft fairs).
- Person to person.
- Tours, teas, luncheons, and open houses.
- Newsletters.
- Welcome wagon or similar greeting service to new residents.
- School system for teen volunteers.

By actively, interestingly, enthusiastically and honestly presenting your hospital auxiliary's purposes, goals and needs, you will attain and keep a vital membership.

**Recognition**

Auxiliaries need recognition and the knowledge that they are respected and appreciated. One of the numerous obligations of the auxiliary to its members is to properly recognize their efforts, contributions, and achievements. This can be done in any number of ways:

- Thank the members daily. This is the greatest form of recognition.
• Send written thank you notes for jobs well-done.
• Remember birthdays, anniversaries, and other special events.
• Provide awards, pins, plaques, and certificates for achievement.
• Provide recognition events.
• Arrange for tracking and recognition of auxiliary hours.
• Recognize efforts in meetings and on public occasions.
• Provide publicity through facility, community, district, and state media.
• Include Auxiliaries' accomplishments in auxiliary newsletter and the annual report.
• Offer increased responsibilities and advancement with appropriate training.
• Recognize leadership potential by nominating or appointing Auxiliaries to the board or committees.
• Include Auxiliaries in decision-making, planning, and goal-setting.
• Encourage continuing education at local, district, state, and national levels.

The administration may also recognize the attributes and accomplishments of these people. It can be done in the following ways:

• Treat Auxiliaries as valued members of the healthcare team.
• Help Auxiliaries understand how their work fits into the big picture.
• Keep the auxiliary informed on healthcare and facility issues.
• Work to establish standards for auxiliary activities and achievements.
• Utilize Auxiliaries' skills in non-traditional ways.
• Recognize the auxiliary in the facility's annual report, as well as news releases to staff, patients, and community.
• Nominate Auxiliaries for facility, community, state, and national awards.
• Invite Auxiliaries to serve on facility boards, committees, and planning groups.
• Include Auxiliaries in the legislative advocacy process.
• Display photographs in the facility of Auxiliaries in action.
• Provide recognition events during National Volunteer, Hospital, and Nursing Home Weeks.
• Attend auxiliary recognition events.
• Provide invitations, and when appropriate, tickets to special events within the facility.
• Include auxiliary contributions, both individual and group, in facility and foundation annual financial reports.
• Provide office space, phone, supplies, gift shop space, and meeting space for the auxiliary.
• Provide support for educational meetings.
• Encourage leadership development and opportunities to serve on district, state, and national committees and boards.
• Provide parking space, discounted or free cafeteria meals, discounted fees for facility-sponsored educational sessions and other facility services.
• Personally thank Auxiliaries verbally and by letter.

Less active members must be recognized as well. Certain members may wish to support the auxiliary simply with dues and/or loyalty, but with no commitment of service. These members deserve recognition in the form of information-sharing through newsletters and general meeting invitations. In this way, they will be kept informed, in anticipation that they may eventually become more active members.

Student volunteers should be offered all of the above, as appropriate. Additionally, letters of commendation should be sent to the young person's schools and parents.

The efforts that go into properly recognizing the auxiliary, both individually and as a group, will reap many benefits for the organization and facility:

• Positive attitudes will be maintained.
• Desire for participation and continued involvement will be stimulated.
• Levels of commitment will grow.
• Potential leaders will be encouraged to develop skills and accept positions.
• Recruitment efforts will be enhanced.
• Increased support for auxiliary, facility, and foundation events may be seen in attendance at functions, financial contributions, and donations of goods.
• Name of the auxiliary and healthcare facility will be kept in front of the public.

Retention

Retention is easy if volunteers are satisfied with their assignments and their co-workers. This requires ongoing communication with individual members and immediate attention to concerns and complaints. Confidentiality is important in dealing with personnel concerns. Some auxiliaries have a personnel committee to evaluate members' satisfaction and to deal with their concerns. Others may delegate this duty to the membership committee, but someone on the auxiliary board should assume this responsibility.

There are two prime ingredients in dealing with the three "R's". The first is a sense of perspective or "why are we doing this" - Keeping in mind the goals of the auxiliary and the personal goals of each individual member. The second is a sense of humor. Volunteering is meant to be an enjoyable, fun experience!

NEW AUXILIAN ORIENTATION

Officer doing orientation should select a date, place, and time:
• Inform the membership chair of orientation dates and time.
• Make sure any audio-visual equipment needed will be available at the time of the orientation.
• Inform any speakers of date and time.

Obtain names of all new members from membership chair at each board meeting.

Contact new Auxilians to confirm attendance at orientation.

Assemble orientation folders to include:
• Introduction.
• General auxiliary information.
• Dress code.
• Responsibilities of an Auxilian.
• Auxiliary prayer.
• Constitution and bylaws.
• Auxiliary roster.
• Any other information pertinent to your auxiliary

During orientation:
• Thoroughly explain all information in folder.
• Issue smock/jacket.
• Collect dues.
• Discuss parking arrangements.
• Find out which service each new Auxilian is interested in, so that information can be passed on to the appropriate chair.
• Take them on a tour of the facility.

After orientation:
• Call service chair to give them the names of new Auxilians wanting to work on their services. The service chair will then call them and schedule an interview and an orientation for that service.
• Contact the new Auxilians after a couple of months to be sure they have been contacted by a service chair, are working, and are happy.
RECORDING HOURS FOR HEALTHCARE FACILITY AUXILIARIES/VOLUNTEERS

Purpose
The true value of Volunteerism is multifaceted as well as difficult to evaluate. Auxiliary/volunteer hours are a significant and integral part of this value.

It is recommended that all hours of healthcare facilities' auxiliary/volunteer services be recorded and reported annually through the VAHAV Annual Survey which will ultimately be sent to the Virginia Hospital Association, through the VAHAV Annual Report, for informational purposes.

Local Level
All officers, chairpersons, Auxilians and volunteers' actual hours volunteered in duties performed and/or meetings attended, including travel time, as follows:

- Inside healthcare facility
- Outside healthcare facility; i.e., crafts, bazaar, community service programs sponsored by the healthcare facility/auxiliary, follies, etc.
- Local, district and state are to be recorded by each Auxilian/volunteer into their specified recording system.

District Level
All VAHAV District Chairpersons and officers' actual hours volunteered in duties performed and/or meetings attended, including travel time, as follows:

- Inside healthcare facility
- Outside healthcare facility
- Local, district and state

are to be recorded by each Auxilian into their local auxiliary's recording system. In the event the hours cannot be recorded into the auxiliary's recording system, these hours are to be reported to the VAHAV Corresponding Secretary, at a specified time, for recording and should include the Auxilians's name, hospital, date, activity and number of hours worked.

State Level
All VAHAV State Board Members' actual hours volunteered in duties performed and/or meetings attended, including travel time as follows:

- Inside healthcare facility
- Outside healthcare facility
- Local, district and state

are to be recorded by each Auxilian into their local auxiliary's recording system. In the event the hours cannot be recorded into the auxiliary's recording system, these hours are to be reported to the VAHAV Corresponding Secretary, at a specified time, for recording and should include the Auxilians's name, hospital, date, activity and number of hours worked.

AUXILIARY MEMBERSHIP EDUCATION: AN OVERVIEW

"The auxiliary that fulfills its dual obligation of membership education and community education with imagination, diligence, and conviction helps to ensure its institution ultimate success in meeting healthcare needs."

The basic purpose of any hospital auxiliary is to support and promote the mission of its healthcare facility. Hospital auxiliaries accomplish this in several ways: fund raising, public relations, legislative advocacy, and being a liaison between the institution and the community. In many healthcare facilities the auxiliary is responsible for the volunteer services program, but in other institutions the volunteer services program is under the direction of a director of volunteers and the auxiliary is a totally separate entity. In these instances, the auxiliary usually plays a
supportive role to the volunteer program.

All auxiliaries are self-governing membership organizations with the subsequent obligation to provide educational opportunities to allow them to be enthusiastic advocates and liaisons. Where the auxiliary manages the hospital volunteer program, the auxiliary is also responsible to provide the recruitment, screening, orientation, training, and supervision of all hospital volunteers. Auxiliary membership education is not just hospital volunteer orientation and training, but rather a comprehensive program whose goal is to have a membership informed on healthcare, the hospital, and the auxiliary.

"A high level of membership commitment exists in the auxiliary that provides a communicative and comprehensive educational program. When provided on a continuing basis such a program is capable of stimulating and reinforcing membership commitment and sustaining interest."

An effective educational program is a continuing process that would see that all members are knowledgeable of the following:

1. The auxiliary's history, scope, achievements, organizational structure, relationship to the healthcare facility, mission, goals, and specifically how its mission and goals are accomplished both within the facility and in the community.
2. The institution's physical plant, mission, strategic plan, services, and community outreach projects.
3. Local, state, and national healthcare changes, forces, and trends; the relevance of all to the auxiliary's own institution; and how the institution is reacting.
4. Local, state, and national legislative issues and actions that effect healthcare and the auxiliary's own institution, and how the institution wants to address these.
5. For those auxiliary's responsible for the volunteer services program: volunteer education issues.

An effective, ongoing education program can be accomplished through member orientations, handbooks, creative programming at regular membership meetings, written organizational policies, procedures, position descriptions, membership workshops, membership participation in local, state and national educational seminars and conferences, and auxiliary newsletter articles to name a few.

It is vital that auxiliaries continue to be effective, responsive partners with their healthcare facility. An educated, dedicated membership is a key to achieving this goal. The VAHAV will be continuing to provide information on education programs. For assistance, call the VAHAV Education Chair.

SECTION VII. NOMINATIONS AND ELECTION

THE NOMINATING COMMITTEE

No activity of the auxiliary is more important than building the leadership team. As we recognize the need to plan for the future of our organizations, we must also recognize the need to nominate future board members who have the skills, knowledge, and desires to carry out those plans. Without a capable leadership team, the work of our organizations cannot be accomplished.

NOMINATING COMMITTEE MUST BE DESCRIBED IN BYLAWS

- Whatever the composition of the nominating committee or size of the auxiliary, the nominating committee must be named and described in the auxiliary's bylaws. Information should include:
- The manner in which the nominating committee is selected.
- Qualifications of committee members.
- Term of office for committee members.
- Duties of nominating committee members.
- Method and time of nominating.
- Offices to be filled.
- Eligibility and qualifications of candidates.

**Composition of Nominating Committee**

The composition of the nominating committee varies with each organization. It is advisable to have an odd number of members; perhaps five is a good working number.

The chair is often the immediate past president, who brings the experience and knowledge necessary for this position, or, the chair might be elected by members of the committee itself. This person does not necessarily hold a position on the auxiliary's board of directors, but may report from time to time as requested by the president.

It is important to remember that membership on this committee does not preclude an individual's eligibility to be nominated for an office. If this occurs, the candidate should excuse her/himself while being considered.

The auxiliary president should not serve on the committee, give any instructions, or take part in any deliberations.

All members of the nominating committee should:
- Have a broad, current knowledge of the organization and its needs.
- Be committed to the purpose and objectives of the auxiliary.
- Know the leadership qualities necessary to achieve auxiliary goals.
- Be well acquainted with the membership and its leadership abilities.
- Be individual thinkers, not easily swayed by opinions of others.
- Understand and be able to interpret the responsibilities of each office.
- Be able to encourage a qualified candidate with opportunities, possibilities, and satisfaction of the office.
- Be enthusiastic.
- Be members in good standing of the auxiliary.
- Represent a broad diversity of the organization.

**Nominating Committee Responsibilities**

Nominating committee responsibilities should be written out and distributed so that each committee member knows what is expected of her/him.

The nominating committee should:
- Function throughout the year, beginning early in the year and meeting at regular intervals.
- Study the goals, objectives, and leadership needs of the organization.
- Gather lists of potential nominees, considering these sources:
  - Auxiliary president
  - Current board members, committee chair, committee members.
  - "call for nominations" from the membership.
  - Recommendations on file.
  - Auxiliary membership roster.
- Select nominees, after thoroughly considering:
  - Job descriptions.
  - Job qualifications.
  - Evaluation of candidates.
  - Listing of several potential candidates for each office.
- Discuss the candidate openly but confidentially, being careful not to disclose any proceedings of committee meetings.
- Interview prospective nominees:
  - Meet with prospective nominee.
  - Present clear reasons for proposing the nominee.
- Stress the importance of the position.
- Review the responsibilities of the position.
- Be honest about the necessary time commitment.
- Do not pressure for acceptance.
- After a consensus is reached by the committee, ask the potential nominee to serve.
- Secure the consent to serve if elected, as you are asking permission to propose the person's name in nomination.
- Maintain records for use by a future nominating committee.
• Submit the report of the nominating committee.
• First, to the auxiliary board.
• Second, to the auxiliary membership prior to election.
• Third, to the auxiliary membership at the annual meeting.

• Submit names to fill unexpired terms, unless otherwise specified in the bylaws.
• Keep this cycle going!

The nominating committee should strive to elect candidates on the basis of the auxiliary needs. Its goal should be the selection of candidates representing a diversity of talents, a cross section of the community, and a combination of experienced board members and new people who will bring fresh ideas and renewed enthusiasm to the auxiliary.

**ELECTION PROCESS**

Provision should be made for the election process in the bylaws. The description should include:

- Time, place, and method of voting.
- Notice required.
- Who is eligible to vote.
- What vote is required to elect.
- Method of conducting the election.
- When officers assume office.
- Provision for special election if needed.

Voice vote is the most common form of voting. When that is utilized, these steps are followed for election:

- Presiding officer calls for a report of the nominating committee.
- Nominating committee chair reads the report and presents it to the presiding officer - no motion is made for acceptance.
- Presiding officer repeats the report and says, "______ has been nominated for the office of ______ of ______ auxiliary. Are there further nominations for the office of ______? (Pause) Hearing none, the nominations are closed." The presiding officer must ask for nominations from the floor, unless otherwise stated in auxiliary bylaws.
- Presiding officer repeats for each office.
- When all nominations are closed, the presiding officer says, "Since there is only one nominee for each office, the vote will be by acclamation. Hearing no objection, all in favor of ______ for the office of ______ of ______ auxiliary, say 'aye'; those opposed, say 'no'. The 'ayes' have it and ______ is elected to the office of ______."
- Presiding officer repeats for each office.

A shortened version would be to say, "Since there is only one nominee for each office, if there is no objection, the vote will be by acclamation. Hearing no objection, all in favor of the officers as presented, say 'aye'; those opposed, say 'no'. The 'ayes' have it and the officers are elected."

Even if there is only one nominee for an office, a vote must still be taken in order for the election to be legal. Only when the presiding officer declares the officers elected is the election process complete.

Ballots may be counted in any variety of ways, as long as the count is accurate. Voice vote is the most common method; if there is uncertainty, the presiding officer simply asks the assembly to stand when voting, and the secretary counts.

**INSTALLATION**

Unless another time is specified in the bylaws, officers assume office when they are elected. No installation is necessary; however, installations are special opportunities to:

- Challenge the new officers to lead the membership in reaching goals of the auxiliary and charge them with...
the responsibilities set forth in the bylaws of the auxiliary.

- Pledge strong and constant support of the membership to the officers.
- Recognize outgoing officers.
- Honor and express appreciation to incoming officers.

Example installation ceremonies are attached. You may use parts or all or other ceremonies when installing your officers. Flowers*, candles or ribbons are sometimes used in this service. Mention of a particular color may tie in some unique way in reference to a particular office.

As an example:

<table>
<thead>
<tr>
<th>Color</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Vibrant, dignity and steadfastness</td>
</tr>
<tr>
<td>Blue</td>
<td>Serene, quiet and noble (high in rank)</td>
</tr>
<tr>
<td>Yellow</td>
<td>Bright and cheerful</td>
</tr>
<tr>
<td>Green</td>
<td>Calm, dependable, fresh and flourishing</td>
</tr>
<tr>
<td>White</td>
<td>Pure, fair and favorable</td>
</tr>
<tr>
<td>Pink</td>
<td>Soft, dependable and elegant</td>
</tr>
</tbody>
</table>

(or as noted in Example # 3 Installation)

* Carnations or daisies are inexpensive and usually available. They may be sprayed the color you wish to use. Colors are impressive!

Note: State and district officers would be pleased to install your officers when invited.

Installation Example # 1

In the life of every organization it falls the lot of some to lead -- and others to follow.

Elevated to a brief time to the ranks of leadership, we plan, we work, we serve, and then we step back while others lead.

We are entering into a new year for the _____________ Auxiliary. As we do so, we realize that the life of our organization with its splendid traditions and achievements are the work of not one year __ but many; not of one board but of all who serve. As officers, you have been chosen by the organization to have charge of its affairs for the coming ______ year(s). You have honored the organization by accepting the responsibility of an office. Your election is evidence of the confidence of its members.

Please come forward and stand in front as your name is called.

_______as Secretary, you shall give notice of all meetings and activities of the organization. You shall keep accurate minutes of the proceedings at all auxiliary board meetings and shall handle all correspondence. Do you accept these obligations? (Answer "I do accept.")

_______as Assistant Treasurer you shall assist and assume the duties of the treasurer in the case of absence, shall be responsible for billing and receiving the annual dues of the membership. Do you accept these obligations? (Answer "I do accept.")

_______as Treasurer it is your duty to receive and disperse funds upon approval of the organization, keep accurate account of all financial transactions so that you may render a statement when requested to do so. Do you accept these obligations? (Answer "I do accept.")

_______as 2nd Vice President/Membership, in the absence of the president, president-elect and first vice president/annual meeting, you shall perform the duties of the president and shall be responsible for recruitment and reorientation of the membership and any other duties designated by the president or the board. Do you accept these
obligations? (Answer "I do accept.")

________ as President Elect, in the absence of the president, you shall perform all the duties of the president and any other duties delegated by the president or the board. Do you accept these obligations? (Answer "I do accept.")

________ as President you shall preside at all meetings of the _________ Auxiliary. You shall appoint all committees and be an ex-officio member of all committees. Your leadership will serve as an inspiration to the _________ Auxiliary. It is your example that points the way to the development of the individual members and harmonious progress of this organization. With such leadership goes not only honor but obligations as well. Do you accept these obligations? (Answer "I do accept.")

To you the members of the _________ Auxiliary, you have elected these officers for the coming years. Upon you will rest the responsibility for giving your whole-hearted assistance and cooperation to these you have chosen. Will you pledge your cooperation and support to these officers? If so, say "I will." The new officers listened to each of you pledge your whole-hearted support to them. They, in turn, pledged their best efforts to the duties of their office -- let us all work together as a solid, unwavering unit.

Red roses represent dignity, faithfulness, loyalty and steadfastness. I present these to you as being indicative of the true direction you as officers will give _________ Auxiliary during your term of office.

By the powers vested in me, I hereby declare all of you duly installed officers of the _________ Auxiliary. Congratulations and best wishes and may your term be as successful as the preceding year.

We wish to thank the retiring officers and congratulate and welcome the newly elected officers. (Lead applause.)

Installation Example # 2

Needed: One large candle to represent the organization and a smaller candle for each officer.

Since the time of Florence Nightingale, the flame of the candle has been the symbol of volunteer service to mankind -- a sign of help and hope for the sick and needy. In keeping with this tradition, we will use the candle flame today to symbolize the installation of our 20___ officers.

(The installing officer lights the large organization candle.)

This candle flame represents our dedication to serve (Name of Organization.) Besides our pledge of service to others, the candle constitutes the passing of the flame of light and loyalty from one set of officers to another. During their year of service, each retiring officer has contributed knowledge, experience and understanding to the organizational flame.

(As each new officer is introduced, the outgoing officer lights a candle from the organization candle and presents it to the new officer.)

Secretary - (Name), as Secretary, you shall give notice of all meetings and activities of (Name of Organization), and shall carry on the correspondence of our organization. You will also keep accurate minutes of the proceedings of all meetings.

Treasurer - (Name), as Treasurer, you are the fiscal officer of (Name of Organization). You shall receive funds, pay all bills promptly and keep accurate records. These records shall be kept up-to-date and available if needed.

2nd Vice President - (Name), as 2nd Vice President, you shall perform all duties and exercise all powers of the 1st Vice President in her absence. You shall also be official hostess at our auxiliary functions. May your planning be a joy to you and a joyous experience to each of us who attend.

1st Vice President - (Name), as 1st Vice President, you shall perform all duties of the President in her absence. You shall assist the new President and perform duties as requested.

President - (Name), you have been selected by the membership of (Name of your Organization) to serve as our leader for 20___. You shall use your talents and abilities to organize the year's work motivate our volunteers, and lead and work with enthusiasm. You are charged to preside with dignity, fairness and impartiality. To place the well being of (Name of Organization) is of first consideration in all of your actions as president.

(Name), I am very happy to install you as president of (Name of Organization). I know that you will fill this office
with dignity and understanding. Never hesitate to ask for assistance from your officers and board. They are here to help you.

**Installation Example # 3**

**Needed:** A single or basket of the following flowers:
- Daisies (for outgoing officers)
- Yellow Carnations
- White Mums
- Pink Carnations
- Golden Mum
- Red Roses

A flower garden that is tended with loving care responds with an abundance of bloom. With your help as members of (Name of Organization,) we will have a productive, bountiful year. Protect and help your garden grow healthy by keeping out the smog of dissent, the pestilence of apathy and the weeds of personal ugliness. Give your garden the extra support needed for nourishment and enrichment, the necessary rain of financial support and best of all, the blooms of friendliness as new members are welcomed into our auxiliary.

(Ask outgoing officers to stand and present each with a single or basket of daisies.)

Daisies are a symbol of meditation and memories. May you have beautiful memories of this past year of service to (Name of Organization.) Accept this/these daisies with our most hearty thanks.

Secretary - Our Secretary (Name). The white mum represents truth, thoughtfulness and accuracy. A good secretary records what is done and not what is said. Your minutes should be an accurate account of business accomplished at all auxiliary and board meetings. You shall also handle all correspondence.

Treasurer - Our Treasurer (Name). The golden mum represents truth and trust -- a true regard for the financial structure of your auxiliary. You are the guardian of our wealth -- a position of trust. You are the recipient of all auxiliary monies and shall pay all bills promptly and keep accurate records of all transactions.

2nd Vice President - Our 2nd Vice President (Name). Your flower is the yellow carnation which symbolizes joy. May your planning of events and activities be a joy to you and a joyous experience to each of us who attend auxiliary functions.

1st Vice President - Our 1st Vice President (Name). Your flower, the pink carnation, is the symbol of love and faithfulness to duty. These essential qualities will help you carry out your numerous tasks during the year. You shall also assist the president whenever possible and assume those duties in the event of absence.

President - Our President (Name). Red roses represent dignity, steadfastness and fidelity. In nautical terms, the rose means a compass which you, as our President, will give to (Name of Organization) during your term. You are the guiding light of your auxiliary. You shall preside at all board and regular meetings, appoint all committees and represent (Name of Organization) whenever called upon to do so. We, the members of the (Name of Organization,) pledge our support to you throughout the coming year.

**SECTION VIII. BOARD OF DIRECTORS**

**BOARD POSITIONS**

- President
- President-Elect
- Vice President
- Secretary
- Treasurer
- Assistant Treasurer
- Immediate Past President
- Membership Chair
- Program Chair
- Newsletter Chair
- Legislative Chair
- Development Committee Chair (Fund Raising)
- Historian
- Nominating Committee Chair
- Parliamentarian
- Standing Committee Chair/Service Chair
- Education Chair
PAST PRESIDENT

An auxiliary's past president's knowledge, skills, wisdom and experience, in the overall workings of the auxiliary, may be a valuable resource for the auxiliary. Each auxiliary must decide how it wants to utilize the skills of the past president. However, the auxiliary should avoid placing a past president in any role that would have the potential of conflicting with the current president's authority and ability to develop his/her own leadership style. Calling upon the experience of the past president should be a voluntary decision of the new president rather than an obligation. The past president must always keep in mind that he/she is not president anymore and, therefore, should not expect the new president to do things in the same way he/she did.

Some of the positions within the auxiliary which make productive use of the past president's expertise include the following:

- Chair of the nominating committee.
- Member of the planning committee.
- Representative of the auxiliary to other community organizations.
- Facilitator of orientation programs for new members or officers.
- Chair or member of an ad hoc committee.
- Chair or member of the bylaws/policies committee.

A past president's skills and experience should not be overlooked or his/her enthusiasm allowed to dissipate because involvement is not encouraged.

POSITION GUIDELINES

OUTLINE:

Job Title:
Department:
Purpose:
Responsibilities:
Expenses:
Time Commitment:
Qualifications:
Benefits:
Contact Person:
Phone:

BOARD ORIENTATION

Orientation

Before the new officers are ready to begin work, they need orientation. Getting started on the right foot ensures that the new board members are able to participate fully from the beginning of the term of office, thus increasing both effectiveness and satisfaction. The resulting enthusiasm from a stimulating orientation will bear testimony to its effectiveness. An outline of a suggested agenda follows:

- Invitations are sent out to all board members.
- Welcome and Introductions
- Present the philosophy of the auxiliary.
- State theme, if any.
- Discussion of relationships and responsibilities to the
• Administration
• Volunteer coordinator
• Foundation
• Other departments (Perhaps have respective department heads participate in this part of the orientation.)
• Review Board Manual (see attached)
• Service information, as applicable:
• How to schedule a service orientation
• Infection control and other policies of the facility
• Hour sheets and awards given at the end of the year
• Parking information for Auxiliaries
• Information regarding meals at the facility
• Financial information presented by treasurer:
•

SUGGESTED BOARD MANUAL CONTENTS

1. Bylaws
2. History of organization
3. Organizational charts and relationships
   a. Auxiliary
   b. Institution
   c. Staff
4. Board Composition and Current Roster
5. Position guidelines
6. Budgets and financial reports
7. Board Calendar:
   a. Board meeting dates
   b. Annual/special events
   c. Other regularly scheduled meetings.
   d. Deadlines for reports, newsletter items, agenda items, etc.
8. Hospital/home fact sheet
9. Policies and procedures
10. Annual reports and committee reports
11. Long-range plan
12. Goals and objectives
13. Minutes from previous year
14. Current project and program descriptions
15. List of committee assignments
16. Newsletters and other publications
17. Instructions or information on
   a. Ordering supplies.
   b. Reserving a meeting room.
   c. Duplicating materials.
   d. Auxiliary office and supplies.
   e. Submitting reports.
   f. Parliamentary procedure.
   g. Reimbursement for out-of-pocket expenses.
   h. Retention time for written materials.
   i. Include pertinent topics in your board outline as necessary.
j. Other
18. Other. Include pertinent topics in your Board Orientation as necessary.

SECTION IX. MEETINGS - GENERAL INFORMATION

PURPOSE

- Meetings usually provide the only opportunity for key people of an auxiliary to communicate with each other.
- The president presides at meetings of the board and executive committee.
- Types of meetings:
  - Board
  - Executive committee - often made up of officers
  - Standing committee - permanent; membership changes, but committee stands
  - Special committee - formed to do a specific job, and dissolves when job is complete, i.e., ad hoc, task force, etc.

PLANNING

- A regular schedule for board meetings is preferred. Avoid changes unless absolutely necessary due to holidays, etc.
- Allow enough time to cover scheduled business.
- Keep members informed about time and place of meetings.
- See that the room is arranged properly for the meeting.
- See that necessary materials and equipment are provided.

INFORMING PARTICIPANTS

- Everyone who is to attend must be informed about time, place and agenda.
- Chair should discuss in advance with each person having a part in the program what will be presented, how long it will take, and what aids or equipment will be needed.
- The day before meeting, a final check with participants should be made to be sure they are ready for the meeting.

DEVELOPING AGENDA

Suggested Sample

- Call to order. Should be done clearly and on time.
- Secretary's report. Ask the secretary to read the minutes of the previous meeting unless they have been distributed to members before the day of the meeting. Ask for corrections. If none, minutes stand approved. If corrected, they stand as corrected.
- Treasurer's report. May be printed and distributed before the meeting. Ask for questions. The report is then filed for audit.
- Correspondence. The secretary reads communications. Those requiring action and discussion may be taken up under new business.
- Executive committee report. Read by the secretary for information. If there are recommendations, a motion to adopt each should be made by the secretary. No second is needed on this type of motion.
- Standing committee reports. If for information only, no action is required. If specific action is recommended, chair requests motion to adopt recommendation.
- Special committee reports. Reports are handled in the same manner as those of standing committees.
- Unfinished business. Matters postponed or pending from previous meetings are acted upon.
- Action may be completed or again deferred to next meeting.
- New business. Items from communications previously read and/or other new business items should be considered by the group. Motions calling for action may be presented by any member. Appropriate action should be taken.
• Adjournment. When there is no further business, simply announce that the meeting is adjourned.

**PRESIDING AT MEETINGS**

• Be familiar with simple forms of parliamentary procedure.
• Application of parliamentary rules achieves consideration of one item at a time, assures the rule of the majority, and protects the rights of the minority.

**Roberts Rules of Order, Newly Revised** is used in VAHAV parliamentary procedure and is recommended for use by VAHAV auxiliaries.
• Begin on time and close promptly at the announced time.
• Be sure a quorum is present to conduct business.
• Make opening remarks meaningful, brief, and to the point.
• Complete one item of business before another is introduced.
• Follow democratic procedures in discussion, allowing members adequate time to express opinions.
• State motions clearly, ask for discussion, put motion to a vote, and announce result.
• Be firm if disturbances arise during a meeting - use your gavel.
• Have the bylaws, standing rules, rules of order, previous minutes and pertinent material available.
• Check with committee chair beforehand if reports are to be given.
• The chair may vote to make or break a tie.

**MINUTES**

**Recording Minutes**
Minutes comprise a history of your organization and a permanent reference and record of business accomplished. They should never be destroyed.

Items to be included in minutes:

- Type of meeting (regular, board, etc.)
- Name of organization.
- Date, time and place of meeting.
- Name and office of presiding officer.
- Number of members present or a list of those present.
- Report on each agenda item.
- New business.
- Record of all motions.
- Time of adjournment.

Minutes should be taken and recorded for:

- Board meetings.
- Executive committee meetings.
- Annual meetings.
- Award presentations.
- Service chair meetings.
- Meetings that include the auxiliary and healthcare administration personnel.

**REPORTS**

**Executive Board**
**Service Chair/Committee Report**
**Suggested Procedure**

• Be written monthly.
• Be delivered orally at the board meeting with a copy of the report given to the recording secretary to be entered in the minutes.
• Include list of activities of committee members.
• Include a short report of any meetings attended by the chair or members.
• Include special requests, if applicable.
Annual Reports
Annual Reports suggested content
- Include synopsis of all activities performed by board or committee members during the year.
- Highlight any new services instituted during the past year. Including any changes.
- Include goals set and accomplished.
- Include reports of all meetings held for or attended by committee members.
- Include total numbers of hours worked by committee members.
- Be delivered to the committee responsible for publishing the organization’s annual report, if applicable, with and /or a copy to the president.

RECORDS

Records and Retention
Records are necessary to the operation of an auxiliary.
- Treasurers' records should be kept of seven years in the facility.
- All meeting minutes should be kept in perpetuity.
- Bylaws and Policies should be reviewed and updated every other year.
- Position guidelines should be reviewed and updated every other year.
- Names, Addresses and Phone Numbers of auxiliaries working on a service and a schedule of their hours should be documented.
- A copy of annual reports should be filed and retained.
- Any changes to a service or committee should be well documented.

SECTION X. FINANCES - GENERAL INFORMATION

DUES

- May vary for different categories of membership.
- Should be set at an amount to cover all operating expense of the auxiliary.

BUDGET

- Must be approved by the membership annually.
- Should include the cost of operation and fund-raising as two distinct budgets.
- Is developed and presented by the finance committee.
- May be adjusted during the year with board approval. A budget is a projected expectation of receipts and expenses.

FUND-RAISING MONIES

- Fund-raising monies should not be used for operating expenses unless so stated when soliciting money.
- Expenses should be deducted from gross profits for any fund-raising event.
- The membership should be given the opportunity to decide how monies will be spent.
- Administrative approval is necessary before considering request for financial support from "outside" organizations or individuals, unless stated otherwise in the bylaws.
- Fund-raising monies should not be accumulated from year to year. However, "start-up" funds for a next event or monies as part of a pledged large sum, to be raised in a number of years, may be retained.

FINANCE COMMITTEE

- Is composed of a treasurer, assistant treasurer, and as many members as deemed necessary.
- Is responsible for preparation and presentation of annual budgets, as well as budget comparisons made throughout the year.
• Considers financial propositions made to the auxiliary, and makes recommendations to the board.
• Considers all matters pertaining to dues and the collection of dues.
• Considers all tax matters affecting the auxiliary and its projects.

TAXES
Federal and state tax information forms must be filed annually, i.e. Annual Federal Information Tax Return (990A.) Consult with your facility's chief financial officers for advice. Virginia sales taxes on gift and coffee shop sales must be collected. It is necessary to seek advice from your facility's legal counsel before engaging in raffles and/or charitable gambling. These are regulated by the Virginia Department of Taxation.

INSURANCE
Your facility's chief financial officer may be consulted to determine the necessity for liability, theft and other coverage for Auxiliaries for special events, gift shops, board members on trips, etc.

CONTRACTS
Should be signed by the auxiliary president and counter-signed by an officer of the facility, unless stated otherwise in the bylaws.

ACCOUNTABILITY
Auxiliary board members should be aware that they are responsible for the actions of their auxiliary and will be held accountable.

SUGGESTED RESPONSIBILITIES OF THE TREASURER
The Treasurer shall
• Receive all monies and dispense funds within the limits of the adopted budgets, or as directed by the board of directors.
• Keep accounts and up-to-date records of all monies received, paid out, and deposited. These records should be available at all times to the board of directors and to any auxiliary member.
• Make and keep a list of members of the auxiliary in good standing, and those who have resigned or been dropped from membership.
• Send notices of annual dues to auxiliary members as directed in the bylaws.
• Pay all authorized bills.
• Present detailed financial reports to the board of directors regularly during the fiscal year.
• Present an annual audited financial statement to the auxiliary membership.
• File all necessary tax forms.
• Maintain a comprehensive financial record file for the preceding seven years.
• Be chair of the finance committee.
• Work closely with the assistant treasurer, so that continuity in the financial affairs of the auxiliary will be maintained.
• Turn over to her/his successor all financial records as soon as possible following the expiration of the term of office.
• Be bonded.

SUGGESTED RESPONSIBILITIES OF THE ASSISTANT TREASURER
The Assistant Treasurer shall
• Assist and assume the duties of the treasurer in the absence of the treasurer.
• Work closely with the treasurer so that there is a full understanding of the finances of the organization and continuity of service will be assured.
• Be bonded.

**SUGGESTED RESPONSIBILITIES OF THE FINANCE COMMITTEE**

The purpose of the finance committee is to study and present a clear picture of the auxiliary's financial status, present budgets that are consistent with its financial status, and to maintain good business practices in the handling of the organization's funds.

The finance committee shall

• Consist of a chair who shall be the treasurer, and a specified number of other members.
• Meet prior to the annual meeting for the purpose of setting the budgets for the ensuing fiscal year.
• Prepare two budgets based on the estimated **operating** income and expenditures, and estimated **fund-raising** income and expenditures for the following fiscal year.
• Submit the budgets to the auxiliary board of directors for approval and then to the auxiliary membership at the annual meeting for approval.
• Consider all expenditures over and above those allowed in the budgets prior to their being incurred.
• Consider all financial matters pertaining to the auxiliary, and make recommendations to the auxiliary board of directors.

**BUDGET GUIDELINES**

**Operating Budget**

**INCOME**

1. Dues
2. Fees
3. Donor Restricted Contributions (Donor restricted contributions are contributions that the donor restricts to the specified use by the auxiliary itself.)

**EXPENSES**

1. Office - Postage, printing, stationery, auditing expenses etc.
2. Educational Meetings
   (a) For local members meetings
   (b) Out of town meetings (Dues that are often minimal, may be insufficient to support such expense. The auxiliary, with the approval of the administration, would include monies to cover such education expenses in its financial contributions budget as part of its contribution to the institution's program for continuing education.)
3. Awards
4. Special functions for members
5. Contingency funds
6. Publications of auxiliary
7. Dues for membership: State, District, etc.
8. Cost of subscriptions for use of membership

**Sample Operating Budget**

**INCOME**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Dues</td>
<td>1,200.</td>
</tr>
<tr>
<td>Auxiliary sponsored education meetings</td>
<td>600.</td>
</tr>
<tr>
<td>Assessments</td>
<td>125.</td>
</tr>
<tr>
<td>Operating budget interest</td>
<td>75.</td>
</tr>
</tbody>
</table>
EXPENSES

Office 200.
Service awards 50.
Flowers/cards 25.
Newsletters 500.
Subscription 50.
State/district dues 125.
Education 1,000.
Contingency fund 50.

2,000.

Financial Contributions Budget

**NET INCOME** (Net Income is the figure arrived at after deducting expenses from the gross income obtained from fund-raising efforts.)

1. Fund Raising Projects - Contributions
   a. Thrift Shops
   b. Memorial Funds
   c. Special Events
   d. Annual Campaign for Institution
   e. Seed money for upcoming projects - derived from previous year's fund-raising efforts and not expended.

2. Fund Raising projects - Income Producing Services
   a. Gift and Coffee Shops
   b. Television Rental
   c. Gift Carts
   d. Baby Picture Service

3. Interest on Savings Accounts
   a. General Funds
   b. Contingency Funds

**DISTRIBUTION OF NET INCOME**

1. Contributions to Institution
   a. Regular gifts to maintain on-going programs
      Examples:
      (1) Continuing education for employees and Auxiliaries
      (2) Scholarships
      (3) Social Service for needy patients
      (4) Subsidies for Department of Volunteer Services
   b. Special Gifts for Ongoing Programs & Short Term Projects:
      Seed Money for new programs
   c. Expenditures for Functions
      (1) Employees & Staff Receptions
      (2) Open House, Tours, Refreshments, etc.

2. Contributions to Other Community Agencies (As Approved)
   Examples:
   1) Contributions to Visiting Nurse Association, to provide funds for previously hospitalized patients
   2) Funds for Halfway Houses, etc.

**Sample Fund-Raising Budget**

**GROSS INCOME**
Thrift Shop ------------------------20,000.
Memorial Fund--------------------------300.
Bridge Marathon-----------------------1,500.
Baby Photos--------------------------6,000.
Art Sales--------------------------1,800.
Fashion Show----------------------3,000.
Christmas/Hanukkah Sale---------2,000.
T.V. Rental--------------------------1,200.
Fund Raising Budget Interest ----200.
Total ---------------------------------36,000.

EXPENSES
Thrift Shop ---------------------------2,000.
Memorial Fund --------------------------50.
Bridge Marathon------------------------450.
Baby Photos--------------------------1,000.
Art Sales--------------------------800.
Fashion Show--------------------------1,000.
Christmas/Hanukkah Sale----------500.
T.V. Rental--------------------------200.
Total ---------------------------------6,000.

NET INCOME DISTRIBUTION
Scholarship Program ----------------3,000.
Patient Emergency Fund ------------2,000.
Volunteer Service Subsidies ------2,000.
Community Education ---------------5,000.
Building Fund -----------------------10,000.
Pediatrics Unit--------------------6,000.
Community Child Abuse Fund-------2,000.
Total --------------------------------30,000.

FINANCIAL GUIDELINES FOR NOT-FOR-PROFIT HOSPITAL AUXILIARIES

Hospital Auxiliaries are individual organizations, each with its own particular needs, problems and modes of functioning. This is not a rigid set of rules but guidelines to be studied and utilized in the content of each auxiliary's own situation.

The auxiliary's Financial Management program should serve three purposes:
1. Ensure compliance with state and federal regulations.
2. Provide for effective budgeting.
3. Establish parameters for the conduct of fund raising activities.

The auxiliary should have detailed financial policies that are in keeping with the basic authority granted in the by-laws, charter and position guidelines for each officer and board member.

Policies should be developed to guide activity in budgets, contracts, paid personnel, investments, scholarships, payments of funds to the hospital and banking practices. Each member of the board should have a written position description to conform closely with the bylaws and policies, written in sufficient detail so that members will understand clearly their responsibilities. What has this to do with financial management? Auditing firms and the Internal Revenue Service may request this.

The hospital auxiliary must establish itself as a tax-exempt organization either through the granting of status by the
hospital's governing body or filing of an exemption application with the Internal Revenue Service. The hospital auxiliary which is not so established can face taxation on all monies raised, perhaps from the organization's inception.

Since 1969, the Internal Revenue Service has spent considerable time in the audit of tax-exempt organizations. They are now looking more and more at non-profit organizations to see if they are in compliance with the rules and regulations to ascertain whether they are engaged in unsuitable activities or in activities that could be considered unrelated trade or business. Most auxiliaries have never been audited by the Internal Revenue Service and probably never will, however, some auxiliaries have been audited several times. The main purpose of the audit is to determine whether the auxiliary is in compliance with the Internal Revenue Code, Section 501 (c)(3).

The auxiliary should not become discouraged about being in compliance with rules and regulations but simply do its best. Guidance should be obtained from the hospital's administration, attorney and accountant, who are familiar with not-for-profit tax-exempt hospital related organizations. It is important that each auxiliary seek this advice and counsel.

The Auxiliary's Legal Personality

What is the legal status of your auxiliary? If you aren't sure, you should examine the hospital bylaws, the auxiliary bylaws, constitution and/or corporate documents and tax-exempt status.

Three distinct categories define the legal status of an auxiliary:

1. The auxiliary that is an integral part of the hospital structure
2. A separately incorporated auxiliary
3. An unincorporated association

Any one auxiliary cannot belong to more than one of these categories. If a change is desired from one category to another, the auxiliary should meet with the hospital administration, attorney and accounting firm to determine whether the hospital wishes to change the existing legal and financial relationship of the auxiliary to the hospital. A directive was issued in this regard on July 1, 1981, by the American Institute of Certified Public Accountants. (SOP 81-2).

1. The auxiliary that is an integral part of the hospital corporate structure is granted status by the hospital's governing board for the conduct of its activities. The auxiliary reports to the board through administration. It is embraced by the institution's tax-exempt status and does not file application for its own Internal Revenue Service identification number. The governing board of the hospital has ultimate control of auxiliary activities and has the right to determine how auxiliary raised monies will be used. The auxiliary's financial activities are incorporated into the hospital's financial statement.

2. The auxiliary that is a separately incorporated entity is separate and apart from the healthcare institution. In most cases the hospital's governing board recognizes the auxiliary by including a formal statement in the institution's bylaws. In general, the board of the auxiliary is responsible for the management of the organization. The independent auxiliary must apply to the Internal Revenue Service and be granted status as a not-for-profit charitable organization. The by-laws of the separately incorporated auxiliary should not be in conflict with the charter and by-laws of the hospital. The auxiliary designates the use of the auxiliary generated revenue.

3. The unincorporated association may or may not have tax-exempt status. It is not formally recognized by the hospital governing board as an integral part of the hospital. If non-auxiliary volunteers perform services in the hospital, a mechanism of control of their activities must be established. This should be accomplished either by letter of agreement or through the hospital volunteer service office, or both and approved by the governing board of the hospital. If the unincorporated association operates a gift shop or engages in other fund raising activities, it is legally and financially treated in the same manner as an auxiliary that is an integral part of the hospital structure. Generally, this type of organization is more often found in social clubs and civic committees who work together for
the benefit of the hospital. This volunteer group states in its by-laws that it is an unincorporated association.

NOTE: If an auxiliary associated with a not-for-profit hospital is bought by an investor-owned (or for-profit) hospital, the auxiliary must reassess its legal position and structure with administration and with them decide on the appropriate legal structure. All funds raised by an auxiliary associated with a for-profit hospital can only be designated for the benefit of tax-exempt organizations or for scholarships and may not be designated for the benefit of the hospital. The auxiliary could continue to support certain training and educational programs, library services, community medical programs, indigent care programs and the like without jeopardizing its own tax-exempt status. The auxiliary has the option of operating as an investor-owned organization and paying income tax on its profits.

**Bylaws**

The auxiliary is guided by its bylaws (if integrally a part of the hospital or unincorporated) or by its articles of incorporation (if a separately incorporated entity). All auxiliary activities must relate to the "Auxiliary Purpose" as stated in the bylaws or articles of incorporation. The auxiliary is accountable to the community, the hospital, the Internal Revenue Service and the state for fulfilling its purpose. The purpose statement should include all major activities in which it directs its efforts. It is important that the statement declare that the auxiliary exists exclusively for charitable purposes. The purpose statement is essential and the auxiliary board is encouraged to review it annually in order to determine its continuing appropriateness.

**Financial Records**

The auxiliary files should include all legal documents relative to the organization.

Examples:

1. **Auxiliary minutes.** Once approved, they become a legal record of auxiliary activity. From the financial perspective, the minutes are legal documentation of all major financial decisions. Minutes should never be discarded.
2. **The auxiliary bylaws and/or articles of incorporation.** These are management guidelines and describe how the auxiliary will implement what it says it will do.
3. **The hospital bylaws.** If the hospital governing board should be reluctant to share these, the auxiliary should request a copy of the bylaws clause which recognizes the auxiliary. Being familiar with the wording of this clause is important.
4. **Hospital Tax-exempt letter.** (For the auxiliary that is integral to the hospital). For the separately incorporated auxiliary, included in their file should be Internal Revenue Service approval of the 1023 form and the tax-exempt letter.
5. **Contracts.** Copies of all approved contracts should be kept on file.
6. **Assets.** A current file should be kept of all assets of the auxiliary.
7. **Books of Entry.** Journals, ledgers and inventories as are sufficient to show specifically the items of gross income, receipts and disbursements.

All records should be kept in a secure, central location. Financial records should be kept for seven years.

**Budgets**

Two separate budgets should be prepared annually, an operations budget and a financial contributions budget. Budgets are estimated figures at best and should be reviewed and compared to actual figures often.

1. **Operations Budget.** This budget should be prepared based on dues and other related income. This budget is intended for the benefit of the members of the association.

2. **Financial Contributions Budget.** This budget should be prepared from fund raising and business activities. It should be used for charitable purposes.

NOTE: see sample budgets under Sample Operating Budget
The purpose of two budgets is to insure that monies raised for charitable purposes are not used for the benefit of the auxiliary members. It is important for the auxiliary to be very careful not to jeopardize the status of its institution by any financial action it may take. Some areas of concern in the operation of these two budgets need special note:

1. **Attendance to Meetings for Further Education.** Ideally, expenses for a meeting should come from the operating budget but a budget based primarily on income from dues, which are often minimal, may be insufficient to support such expense. If this is the case, the auxiliary may wish to consider an alternate method of financing the cost of special continuing educational opportunities for Auxiliaries. One way of doing this is to include such education expenses in the financial contributions budget as part of your contribution to the institution's program for continuing education. These expenditures for Auxiliaries should be made only with the approval of administration or an appropriate person with the institution. When the institution assumes responsibility for this expenditure, it is stating in effect that it regards continuing education for Auxiliaries as necessary. If documentation is needed for this policy, *The Auxiliary, New Concepts, New Directions*, published by the American Hospital Association, relates to this matter.

2. **A Capital or Equipment Budget.** The cost of some purchases may not be recorded in the Operations or Financial Contributions Budgets, so it may be necessary to have a separate budget for these items. Equipment for a Gift Shop or Coffee Shop is an example. The purchase of a camera for general auxiliary use is another.

**Scholarships**

Legal and tax implications are involved in the giving of scholarships. Scholarships given by the auxiliary should broadly represent the community the auxiliary serves. Those who are eligible should encompass a cross section of society. The selection should be non-discriminatory. Any person seriously interested in pursuing a health career should be invited to apply. Recipients should be selected on merit basis. Certain categories or applicants should be considered ineligible for awards. These include relatives of members of the selection committee or those related to substantial donors to the scholarship fund. According to the Internal Revenue Service, a student receiving financial aid is exempt from paying federal income taxes on his award, providing he is not pursuing his studies for the benefit of the grantor. With this in mind, an auxiliary should not require a contract for future service to its institution. Detailed guidelines for managing scholarship funds are given in *The Auxiliary: New Concepts, New Directions*, published by the American Hospital Association.

**Investments And Banking**

Banking must be considered one of the most important functions of an auxiliary. There should be a definite policy which would prohibit investing in any uninsured plans. Invested funds, raised from the community, are to be used for charitable purposes. The preservation of monies takes precedence over the possibility of a high rate of return. The time element of invested funds should be stated clearly in written policies. The auxiliary funds should not be a part of the hospital funds. The auxiliary should have identifiable bank accounts. If the auxiliary is an integral part of the hospital, the bank accounts should be authorized by the governing board.

Most auxiliaries will require:

1. A checking account
2. At least two savings accounts
   a. Fund raising
   b. Operational business

Any restricted funds from a donor should be in a separate account and easily identifiable and traceable. Once an auxiliary has accepted the conditions of a trust, grant or will, it must abide by these conditions. The auxiliary that accumulates large cash balances is sailing on stormy waters. Monies in the auxiliary bank accounts are to be spent. If monies are kept for long-range projects and programs, they should be specifically identified and documented. Remember, the auxiliary exists for the charitable purposes and it must have documentation for any accumulated money - when in doubt - document!
Contracts

If the auxiliary is integral to the hospital it is not authorized to enter into a contractual agreement with vendors, suppliers, consultants, etc. Any required contract must be handled by the hospital on behalf of the auxiliary. The incorporated auxiliary can handle its own contractual agreement. Examples of necessary contracts would include those with: flower or shop vendors, food suppliers, shop maintenance personnel, accounting firms, etc. All contracts must be reviewed by the auxiliary board and legal counsel. All contracts must be approved by the auxiliary board and signed by the auxiliary president. Copies of contracts must be maintained by the treasurer in the financial files.

Licenses

Licenses are required by most localities to operate such businesses as gift shops, coffee shops and thrift shops. A frequently overlooked license is the one needed for used bedding sales in thrift shops. Some fund-raising activities need licenses. Each community or county has its own rules, regulations, and requirements so the auxiliary should investigate the need for local license at the municipal building in their community.

Acquisition and Disposal of Assets (Fixed Assets)

A fixed asset can be defined as having a value of 100 with a life expectancy greater than one year. Policies should dictate the criteria for purchasing an asset and indicate that a written request must be submitted for the purchase of assets. The treasurer should maintain a current file of all auxiliary assets.

Personnel

Written policies should describe the management of paid personnel, criteria for hiring and dismissal, leave time, basic salary information and job description as well as benefits and retirement policies. The auxiliary should seek assistance from the proper person in administration and counsel when preparing these guidelines to ensure compliance with laws and regulations.

Insurance

The auxiliary that is integral to the hospital structure need not concern itself with insurance, as it is the responsibility of the hospital to protect the members and the property. The separately incorporated auxiliary and unincorporated association must have insurance protection. Policies should be developed to describe the type of coverage that is needed. It is suggested that a representative of these auxiliary groups meet with the hospital's insurance representative to review all auxiliary activities and determine basic coverage. Insurance coverage and policies should be reviewed by the finance committee annually.

Unrelated Trade or Business Income

Charitable organizations may be subject to tax on net income from business enterprises not related to the purpose for which the organization received its exemption. The auxiliary cannot engage in income producing activities just for the sake of making money; producing net earnings should be incidental to the service performed for charitable reasons. If an organization has 1000 or more of gross receipts from unrelated business activities for any year, it must file form 990 with the Internal Revenue Service.

Annual Information Returns

Every separately incorporated hospital auxiliary exempt from federal income tax under Section 501 (c)(3) must file an annual information return with the Internal Revenue Service on IRS Form 990. Auxiliaries having gross receipts in each tax year that normally are not more than 25,000 are exempted from this filing requirement. Each auxiliary that is integral to the hospital structure should prepare a detailed financial report at the end of each fiscal year for
presentation to the governing body through administration.

**Payments to the Hospital**

Proceeds of funds raised by the auxiliary for the benefit of the hospital must be directed to the hospital in a manner approved by the hospital governing board. The auxiliary should clearly state in its policies what it will do with excess revenue and who the recipient will be. A plan should be developed for payment. The auxiliary should set aside a small amount of money for pilot health related programs and activities.

**Treasurer**

Often the treasurer of the auxiliary is assigned total responsibility for the auxiliary's financial management program but it is more desirable to have a finance committee with the treasurer as chair. In no way should the treasurer be just a bookkeeper. The board must be able to rely on the treasurer for guidance and advice. Only one person should have the title of treasurer. Assistants may be appointed to handle special fund-raisers or businesses but they should be members of the board of directors and be accountable to the board through the treasurer. Of all positions on the board, that of the treasurer probably requires the most highly specialized skills and knowledge. How long should the treasurer remain in office? That of course depends on the auxiliary's needs and preferences but two year terms are ideal. Long terms for treasurers can create problems. The treasurer should always train his/her successor. Choose the treasurer carefully and impress upon them the importance of their job.

The hospital auxiliary of today must be aware of changes in financial management. There are many sources of help. The auxiliary is not only encouraged to, but expected to request help from the administrator and the governing board of their hospital as well as the hospital's attorney and accountant. Due to the complexity of many of the rules and regulations they may not always have ready answers but they can find help or recommend to the auxiliary where answers may be found.

Remember that the auxiliary is a non-profit organization and the actions taken by the auxiliary should not jeopardize the institution with which it is affiliated.

Information for the preparation of these guidelines was obtained in part from the following publications and documents:


Compiled by: VAHAV Financial Management Guidelines Committee, 1987
Jeanne Bernard, Chair
Reviewed by: VAHAV Handbook Revision Committee, 1994
Anne Lewis, Chair
SECTION XI. FUND-RAISING GUIDELINES

Fund-raising provides money for auxiliary programs and services, and assists facilities with the purchase of needed equipment, renovation, or new projects. Many auxiliaries are involved in fund-raising in a major way. Others are not involved at all, but might consider becoming involved. As healthcare costs escalate and reimbursement tightens, it is more important than ever that Auxiliaries contribute dollars as well as service to their healthcare facility and the people they serve.

Auxiliary fund-raising has an important function.

- It must be done only when the facility's administration is informed and in agreement with the effort.
- It should meet a specific healthcare facility need.
- Needs should be placed in priority order.
- Plans must be coordinated with the administration assuring its appropriateness. (Soliciting donations or advertisements from businesses must be worked out.)
- Working closely with the healthcare facility staff will give the auxiliary the advantage of using the staff’s professional skills.

The following are numerous ways auxiliaries can raise money:

BEQUESTS/CAMPAIGNS/GRANTS AND PROGRAMS

BEQUESTS
Key auxiliary leaders may identify individuals who would be likely to make a donation to the auxiliary or the facility in their wills.

CORPORATE CAMPAIGNS
There may be special projects (particularly capital improvements) for which Auxilians may seek support from local corporations.

DOOR-TO-DOOR CAMPAIGNS
This type of fund-raising is particularly successful in small communities for membership drives or when building or adding on to existing facility.

FOUNDATION GRANTS
Money is available from numerous private and public foundations for healthcare projects. All it takes is time and skill in applying!

MEMORIAL PROGRAMS
These programs honor people who have died and can direct funds to a specific program or need.

FUND-RAISING IDEAS

IN-HOUSE AND COMMUNITY EVENTS

Sporting Event
- Sell tickets
- Raffle
- Door Prize

Health Run
- Lay out marathon course
- Sell or give away t-shirts
- Divide participants into classes
- Runners are to solicit sponsors - pay by mile
- Award prizes
- Press release to local paper

Quilt Show

• Make an auxiliary quilt (all members participate)
• Display quilts from local artists

Auxiliary Ball/Tea
• Sell tickets
• Buffet - hors d'oeuvres
• Cash bar
• Band
• Door prizes

Bake Sale
• Take orders before sale and deliver items
• Set-up sale at special event or busy location
• Raffle special baked items

Boutique/Gift Shop/Magazine Stand In Hospital/Home
• Deliver and sell to patients in room
• Make items available to visitors
• Design coloring books of healthcare facility scenes and sell for children

Flower Sale/Greenhouse
• Install greenhouse at healthcare facility for patient/resident enjoyment
• Sell plants/flowers/arrangements from greenhouse to patients/residents/visitors
• Buy flowers from local florist and sell to patients/residents/visitors at healthcare facility

Newspaper Delivery
• Sell daily newspapers to patients/visitors/residents

Thrift Shop
• Set-up thrift shop in community
• Sell items

Snack Shop/Coffee Shop in Healthcare Facility

Attend Parking Gate
Proceeds go to auxiliary

Vending Machines
• Provide vending machines in lounge
• Collect profits

Christmas Stocking Sale
• Make stockings
• Sell in lobby (and community)
• Offer option of buying "filled" stockings

First Born Gifts
Sell gifts for first born

Baby Pictures

Beauty Shop
• Sponsor beauty shop
• Provide room service to patients/residents

Sewing and Mending
Provide sewing and mending service to residents

Christmas (Any Occasion) Party
• Sell tickets
• Hors d'oeuvres
• Cash bar
• Raffle

Casino Party
• Sell tickets
• Raffle
• Set up "mock" casino with games
• Cash bar
• Hors d'oeuvres

Sell Coupon Books
• Contact local merchants for donations (i.e. one-half price car wash, two dinners for price of one, free soft
drinks with dinner, etc.)
- Arrange "coupons" to be effective certain times throughout the year to maintain interest and enthusiasm

**Museum**
- Sponsor tours, gift shop, snack counter at local museum

**Arts and Crafts Sale**
- Sell art and craft items by local artists
- Raffle
- Can sell by auctioning items
- Encourage public to participate (also children and seniors)
- Display prior to sale

**Baby Sitting Service**
- Provide service for visitors at healthcare facility

**Airport Dinner**
- Rent airport hanger for evening
- Use airport theme for dinner and party
- Cash bar
- Raffle weekend trip to Bahamas (plane to leave at 12:30 a.m., night of party. This guarantees attendance until time winner is announced and creates excitement that someone present will win and leave that very night)

**French Picnic/Antique Auction**
- Sell tickets
- Auction
- Cash bar

**Children's Run/Bikeathon**
- Have children obtain sponsors (pledge X /mile)
- Sell lunch
- Free t-shirts to participants

**Ham Dinner (Easter Basket) Raffle**
- Sell tickets for dinner
- Raffle "Old Fashioned" Easter basket

**Department Store Promotion**
- Select a special "sale" day with department store
- Set up for Auxilians to solicit charge account applicants or store
- Set up auxiliary stand (bake sale, art sale, etc.)
- Publicize in local paper, radio, signs, etc.
- Encourage special exhibits (if a mall)
- Have local school band or group perform
- Arrange for auxiliary to make X% of store's daily earnings and X on each store charge application obtained
- Not only does auxiliary promotion attract more people to the store, it provides more security. Store also receives several new charge accounts
- Auxilians may be involved in inventory, paycheck distribution, and stocking for special sales

**Calendar of Auxiliary's Fund Raising Events**
- Provide yearly schedule of healthcare facility auxiliary activities for community. This increases people's awareness and allows them to make advance plans to attend functions

**Lapel Pins/T Shirts/Mugs**
- Sell items relating to healthcare facility to staff and community

**Telethon**
- Sponsor a telethon or auction on public television network
- Local radio personalities to auction items, solicit pledges
- Donations from local merchants

**Dollar Derby**
- Rent race track for evening
• Sell concessions, ticket and place bets
• Cash bar

**Singing Telegram Service -- Get Well, Happy Birthday, Etc.**
• Sell and deliver the telegrams. Easy and all profit

**Library Service**
• Rent or sell books

**Card Party (Euchre, Bridge, etc.)**
• Sell tickets, refreshments
• Cash bar
• Prize for outstanding player(s)

Information adapted from: **FUND RAISING IDEAS for Volunteer Groups**
Hill-Rom Company, Inc.
Batesville, IN 47006 812/934-7378

**AUXILIARY PROJECT WORKSHEET AND REPORT FORM**

Planning and evaluation of projects are essential to a successful auxiliary fund raising program. A business-like assessment can

1. Provide information (to share in newspaper articles, with administration),
2. Ensure the most effective use of resources and manpower in carrying out the project and
3. Provide realistic information on the value and productiveness of the effort for future planning.

The attached project worksheet and report form have been adapted from material provided to VAHAV from Mary Immaculate Healthcare Auxiliary, Newport News. It is provided through the VAHAV Education Committee in an effort to assist our member auxiliaries in fund raising program planning.

Further information on fund raising activities can be found in the AHA's booklets: **The Auxiliary: New Concepts, New Directions - Fund Raising and Philanthropy** and **The Auxiliary: New Concepts, New Directions - Planning and Evaluations.** Both booklets are available through the VAHAV Resource Library. For assistance call the VAHAV Education Chair or the VAHAV Resource Library Chair.

**Attention Auxiliary Presidents:**

These worksheets and report forms, when completed, can be so helpful for your auxiliary. New chair will have project information at their fingertips and even projects, not of a fund raising nature, can benefit from this type of reporting. Files of all projects can be easily shared, particularly with vice presidents and new board members. Of course, the material gathered can show where the expenses lie and the amount of profit per hour worked, in addition to being excellent files. Suggest it to your auxiliary and begin, one project at a time!!
AUXILIARY PROJECT WORKSHEET

PROJECT ________________________________  Net from previous year ______________________

RESOURCES (Include space required, # of people involved, monetary expenses, etc.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Hours Spent (Include preparation, planning, event, and follow-up)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Freebies (e.g. t-shirts, trophies, food, flyers, etc.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Advantages
(for hosting this event)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Disadvantages

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Resources Utilized (if possible attach a budget, planned and actual)
### REVENUE

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### EXPENSES

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<td>6.</td>
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</tbody>
</table>

**TOTAL**

_______

---

**RESOURCES AVAILABLE FOR NEXT TIME** (list what and where stored):

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

---

**OUTSIDE MIH CONTACT NAMES/ADDRESSES/PHONE NUMBERS**

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

---

**ADVERTISING DONE** (inside and outside MIH – attach samples)

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

---

**RECOMMENDATIONS/SUGGESTIONS FOR NEXT TIME:**

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

---
SIGNED_______________________________

(COMMITTEE CHAIR)

DATE:________________________________

READ BY TWO COMMITTEE MEMBERS:________________________________________

_________________________________________

VICE PRESIDENT OF FUNDRAISING:____________________________________________

SUBMIT TO AUXILIARY PRESIDENT
AUXILIARY PROJECT
REPORT FORM

PROJECT NAME:______________________________________________________________

OBJECTIVES:_______________________________________________________________

____________________________________________________________________________

DATE AND TIMES HELD________________________________________________________

LOCATION:______________________________________________________________

COMMITTEE CHAIR:__________________________________________________________

COMMITTEE MEMBERS (Briefly list primary responsibilities of each person)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

DATE PLANNING BEGAN:_______________________________________________________

NUMBER OF PEOPLE ATTENDED (approximately):_________________________________

BRIEF SUMMARY:________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
SECTION XII. THE AUXILIARY GIFT SHOP

The purpose of the gift shop in a not-for-profit healthcare facility is established by IRS rulings. To paraphrase the IRS rulings: "The purpose is "to enhance the working conditions of healthcare employees by providing a place for them to make essential purchases, thereby assisting them in managing an intensive schedule. The secondary purpose is to provide a venue for patients and their visitors to make essential personal purchases and, in other ways, ease their stay." To expand on this ruling, an auxiliary shop should endeavor to promote good will within the facility and community. The shop should support the goals of the auxiliary.

PLANNING FOR AN AUXILIARY GIFT SHOP

An auxiliary gift shop must have the cooperation and backing of the facility's administration as well as the support and enthusiasm of the auxiliary's board and membership. When developing ideas for a gift shop, an auxiliary should thoroughly discuss the type of shop desired.
Preliminary planning begins with the selection of a gift shop committee, which will consider the following:

- **Customers:** The primary customers of an auxiliary gift shop are the employees of the healthcare facility. Patients and their visitors also are important customers. When selecting merchandise for the shop, and in establishing shop hours, the needs, wants, and schedules of these customers should be considered.

- **Financing:** Some groups use money from specified fund-raising events to start a gift shop. Some borrow money to get started. Others request donations from generous people. In some cases, the facility provides the money.

- **Shop Location:** The gift shop should be seen by those passing through the facility. A good location is important for the success of the shop.

- **Shop Space:** When administrators within the facility realize the benefits of having a gift shop, adequate space seems to materialize even when space is at a premium.

- **Stock Storage:** Stock needs to be stored so that it is easily accessible. It is best to have a special storeroom in a protected area to guard against breakage, deterioration, and theft.

### STARTING AN AUXILIARY GIFT SHOP

If the auxiliary can meet these criteria above, the next steps are: Apply for a "Certificate of Registration for the Collection of Virginia Sales Tax." This certificate is required by the state. It must be prominently displayed in the shop.

- **Furnishings:** The furnishings for a new shop will depend on the kind of shop and the space available. Certain basics are needed, even for the smallest shop: Counter space, cabinets, display cases, racks for cards and magazines, a cash register, and ledgers for bookkeeping.

- **Original:** Most shops find it advisable to start on a small scale and expand gradually.

- **Records:** State and federal laws make record keeping a necessity in the operation of a gift shop. Records need not be complex, but must be complete. It is helpful to seek assistance in setting up ledgers and books, either from the financial department of the facility or VAHAV. Gift Shop financial records should be examined annually by an outside authority or by a financial officer of the healthcare facility.

- **Staffing:** The volunteers who work in the shop should be well-trained and scheduled to work regularly. It is essential to staff the shop with cheerful, efficient volunteers. Some Managers/chair schedule the workers a month in advance, and each worker is advised of her working hours and the names of all others who work during the month. The shop manager should establish a policy for handling planned and emergency absences.

- **Hours:** When a shop is first planned, the hours of operation are set with the approval of the facility's administration and the ability of the auxiliary to staff the shop. Once the hours have been established, it is important that they be followed.

- **Policies:** Each auxiliary determines specific policies for its gift shop, and everyone involved in the gift shop must be acquainted with them. Policies should be developed for:
  - Telephone etiquette
  - Handmade articles
  - Consignment goods
  - Donated items
  - Policy signs for exchanges, refunds, and shop credit, credit cards and check writing
  - Employee benefits
  - Use of youth volunteers as workers
  - Training of workers
  - Operating expenses/profits/financial reporting
  - Holds and/or lay-away
  - Payroll deduction, if available

- **Public Relations:** Auxilians should be concerned with the public relations aspect of a gift shop. To promote good will, most shops display signs such as the following:

  **Profits from this shop are donated to the facility**
OR
This shop is staffed and managed by the healthcare auxiliary
and all profits are donated to the facility

The auxiliary gift shop is not to be operated in competition with local merchants; therefore, all advertising must be confined to the facility. Advertising in a community newspaper is prohibited by IRS regulations.

MANAGING AN AUXILIARY GIFT SHOP

Shop management means planning, organizing, and staffing in order to serve the facility and make a profit. Elements contributing to the success of a shop are marketable products, imaginatively merchandised, well-planned distribution of inventory, fair pricing policies, effective methods of promoting sales.

It is up to management to see that all these elements are implemented.

Well-trained, enthusiastic volunteers will bring favorable public reaction to both the shop and the facility.

Forms of Management

Gift shops are managed in various ways. The following are some examples:

- The gift shop chair is an appointee of the auxiliary president and agrees to serve with her.
- Some shops are run by a committee and the committee has a chair who acts as a leader.
- The shop manager is a salaried employee of the auxiliary/facility.

Whatever management form the shop uses, the chair or manager is accountable to the auxiliary board of directors. Paid personnel should always be under the supervision of the shop chair/manager.

The Shop Chair/Manager

The shop chair/manager is very important to the success of the shop. This person, oversees buying, staffing, finances, and planning.

Qualities that are essential in a good chair/manager are:
- A thorough understanding of how the shop operates its role within the facility.
- Sensitivity to the importance of maintaining good relations with others,
- An appreciation of training.
- A sense of humor.

The paid shop manager may be a member of the auxiliary board of directors and takes direction from them.

Length of Term

It is wise to limit a shop chair to a two-year term. This rotates responsibility and gives others an opportunity to participate.

When all gift shop volunteers are limited to a two-year term, (chair, assistants, buyers, etc.), other trained volunteers must always be available.

Job description for gift shop chair and managers are extremely important. If the duties in the job description are too time-consuming for one person, the duties should be divided, and a new job description written to define the position(s).

The two-year limit does not apply to paid personnel.

SECTION XIII. THRIFT SHOP

INTRODUCTION

Thank you to all of those who supplied information on the operation of a thrift shop.
BEFORE YOU OPEN YOUR SHOP

First of all, form a committee to develop a business plan and to research the market. The business plan should begin with a statement of purpose and include a description of the business, a marketing plan, store operating procedures, store staffing requirements, insurance coverage and a financial plan that includes both start up and operating budgets.

Be prepared to make a strong presentation to your hospital or auxiliary board. The approval and support of your plan by the auxiliary is vital to the success of your store. Be able to demonstrate the profitability of other V.A.H.A.V. member re-sale stores. The dollar amounts that are turned over to auxiliaries by these stores annually are impressive.

Decide what kind of shop you want. Will it be all donations, all consignment or a combination? Who will operate the shop and how will it be done. It is very important to determine whether there will be a paid, full-time manager or whether volunteers will be relied on entirely. Volunteers are sometimes hard to recruit, but are crucial to having a profitable shop. It is important to have a full staff in advance of opening for business.

Develop policy and procedure guidelines for the shop and for the volunteers. Keep them current and make sure every volunteer has a copy. Ask yourselves: What the hours of operation will be? How many days a week? How long will each volunteer be required/expected to work?

CHOOSING A LOCATION

The success of your shop depends on the choice of its location. When looking for a place to set up a business, ask yourselves these questions:

- What other stores are around? Are they successful?
- Would you want to spend time in the area?
- Are the people who regularly come to the area likely to become your customers?
- Are there any zoning restrictions that might make it difficult to succeed?
- Can you create the store you want without major transformations?
- Is there adequate storage space?
- Is parking convenient?
- Is there easy access for bringing in larger items such as furniture?
- Can the location be easily reached so that unwanted/unsold items can be disposed of?

Keep in mind that the size of the staff may determine the size of the store you can operate. Stay small until a larger store is needed.

CONSIGNMENT SHOP - ALL DONATION OR THE COMBINATION?

- When all the shop's merchandise is obtained by donation there is no control over the merchandise, either the selection or the quality.
- Some people donate very good things; others just dump things and leave the shop with the problem of disposal with no revenue from the effort.
- When accepting consignments as well as donations, you have control of what is accepted and what is not. Set your standards on the high side, otherwise you will have a lot of things that are not easily sold or are otherwise undesirable. Let other organizations have the large kitchen appliances, tires, mattresses etc.
- When donations aren't your sole means of getting inventory, the items you will receive are more varied and tend to be of better quality. This in turn brings in more buyers.
- Many people that consign regularly are supplementing their incomes. Others are "dealers" who bring in antiques, jewelry, collectibles, etc. These people are a real draw for the shop.
- Of course, consignors share in the profits. Nationally the consignment split is 50/50. The successful V.A.H.A.V. shops currently give 60% to the consignor and 40% to their auxiliary.
- Whichever you choose, either all donations or a combination donation consignment store, must be tailored...
to your particular circumstances.

If you decide to be a strictly donation shop, it is suggested that you sell more than just clothing. Be more versatile by including small household items, collectibles, jewelry etc. Try to stay away from old electronic equipment, out dated books and magazines and so on. These items make a negative impression on your customers. Try to create excitement with the use of attractive displays and as in any business, offer the highest level of customer service. Greet your customers and assist them with their shopping.

**SETTING UP YOUR SHOP**

As you plan the layout of your shop, keep in mind the following: Many of your customers will be families. Make sure not to crowd the shop and leave plenty of aisle space and room for children and shopping bags!

You will need plenty of racks, shelves and hangers. Obviously merchandise sells better if it is displayed nicely. Therefore initial set up costs are well worth the investment.

Use hanging racks spaced so the customers can easily walk around. Make the store attractive and inviting. Use framed artwork (priced for sale) on walls throughout the store. Place priced lamps on counter areas or on furniture that is for sale, plugged in and turned on. Have shelving areas for books, magazines, puzzles, games, frames, pictures, records, tapes, CD's etc. Put socks in a large plastic storage bin and price all the same. Place all furniture either in one area or scattered throughout the store.

Use separate areas of the store for women, men, children, linens, kitchenware, etc. Arrange clothing by size. Use separate racks for women's dresses, blouses, skirts and pants, doing the same for men and children. Keep expensive items and jewelry near the cashier.

**PRICING AND SELLING**

Don't be afraid to set high standards and stick to them. Your shop's success will depend on its reputation for having high standards.

Make a list of items that are never accepted. Make the list part of the store's policy and be firm. (Consider health and safety issues when making up the list.) Do not permit returns or refunds. The exception to this might be an approval policy on small electrical items.

**TIPS FOR INCREASING SALES**

- Try to make your store as attractive as possible. Be creative with your displays and general decor.
- Leave enough space between racks and displays so customers can browse comfortably.
- Place the cash register where workers can keep an eye on the door.
- Put Impulse items near the register.
- Have adequate lighting and mirrors that are flattering to your customers and your merchandise.
- List your hours of operation and the name of the organization that benefits from your shop prominently on the door.
- At the end of the summer season have a four-day sale – two days at ½ price and then a two-day $ 1. sale on all clothing and shoes. Have pre-marked winter garments ready to put out and bag up and dispose of garments left after the sale ends. Of course, this can be done only with your donated items.
- Make good use of all the free advertising you can, such as: church bulletins local newspapers bulletin boards at schools, libraries, grocery stores and hospitals.
- Reach out to the community by arranging for a fashion show to be held at nearby nursing homes or retirement homes.
- Join the Chamber of Commerce.
- Work with local high schools to arrange for teams to work in your shop to fulfill requirements for graduation. Relatives and teachers may become some of your best customers.

**FINALLY**

There are a lot of people who shop re-sale - not out of necessity, but because they enjoy it.
Have a good time and take great satisfaction in the fact that you will be raising a great deal of money for your hospital and providing a community service.

SECTION XIV. AUXILIARY SERVICE PROJECTS

The auxiliary provides service in countless ways both within the healthcare facility and the community. Though not conclusive, the list below offers many ideas:

SERVICE PROJECTS WITHIN THE HEALTHCARE SETTING

- Activities and recreation assistants
- Angel tree
- Art display
- Baby photos
- Beauty shop
- Bird aviary
- Book cart
- Chair adoption
- Children's play area
- Disaster drill assistance
- Discussion group facilitation
- Early bird hospitality
- Elementary school volunteers
- Evening hospitality cart
- Feeding assistance
- Finger puppets
- Front door greeters
- Hair and skin care for cancer patients
- Health information library
- Holiday and new admission floral service
- Humor cart
- Infant caps/booties/t-shirts
- Infant car seat loan or rental
- Infant Christmas stocking/quilts
- Menu service
- Newborn death layette and memory book
- Office staff support (clerical and computer)
- Pastoral care assistance
- Patient admission kit
- Patient advocacy kits
- Patient room service
- Patient transportation
- Patient writers' program
- Payroll distribution
- Pediatric art program
- Pet visitation
- Popcorn service
- Resident video histories
- Teddy bear tour
- Toe cozy, walker bags, lap robes, bibs
- Tours of facility
- Tray favors
- Valet parking
- Voter registration
- Well and sick baby child care

SERVICE PROJECTS WITHIN THE COMMUNITY

- Babysitting courses
- Child identification systems
- C.P.R. training
- Easter egg hunt
- Expectant parent/grandparents/sibling clinics
- Food shelf contributions
- Health fairs
- Health screenings
- Living Will workshops
- Organ transplant program information
- Personal emergency response program (Life line)
- Preschool screening clinics
- Recycling program
- Sports screenings
- Telephone reassurance programs for elderly and school children

While some service projects within the facility and community are also fund-raisers, most auxiliary fund-raising projects are listed elsewhere in this manual.

COMMUNITY EDUCATION PROGRAMS

It is wise to utilize the abundant resources within your facility, medical staff, organizational partnerships, education systems, religious organizations, and community to provide speakers/programs for these and other topics:
SECTION XV. SCHOLARSHIP PROGRAMS - GENERAL INFORMATION

Community service by an auxiliary often includes scholarships for students interested in some aspect of healthcare.

RECIPIENTS

- High school seniors
- Persons in the health field who wish to improve themselves professionally.
- Any community member who meets the requirements.

DEVELOPMENT OF A SCHOLARSHIP PROGRAM

- The auxiliary board will establish a committee or service. It should include members of the facility's nursing staff or any other department whose area of expertise is included in the scholarship program.
- The auxiliary's board of directors approves an amount of money for scholarships in a given year. The profit from a particular event can be given to scholarships.
- The auxiliary consults its attorney or accountant for current laws governing scholarships.
- Scholarship information is distributed early in January with ads in local newspapers.
  - If the auxiliary is non-profit, scholarships must be offered to all eligible members of the community.
  - Applicants should be permitted to choose their own schools, public or private, which have certified programs.
- Applicants are interviewed timely by the committee so that scholarships can be awarded no later than May 15.
- Checks will then be distributed to the various colleges and universities by August.
- Restrictions: It is advisable to restrict the courses covered to health training. This is especially true if the auxiliary has non-profit status.
- Unless the selection process is completely anonymous, a non-profit auxiliary should not award scholarships to youth volunteers who are affiliated with the auxiliary.
- As a public charity, the non-profit auxiliary should not foster the concept of helping the individual. Its interest should be the constant improvement of healthcare service to the community. To avoid the concept of helping the individual, some auxiliaries prefer to give contribution to a local university and allow it to award health-related scholarships to eligible students.

SECTION XVI. LEGISLATIVE EDUCATION - GENERAL INFORMATION

GOAL

- To promote healthcare legislative awareness.
- To provide education to auxiliary members on those proposals which impact and address the needs of the healthcare facility and community.
SPECIFIC OBJECTIVES

- To inform as many Auxilians as possible about the legislative process.
- To inform as many Auxilians as possible about current healthcare issues.
- To develop a positive image of auxiliaries with the healthcare facility, the local community, and lawmakers in order to achieve effective communication.
- To attend VHHA/VAHAV legislative events in order to become well informed, and to develop a strong communication network.
- To know how to contact legislators.
- To quickly mobilize Auxilians to alert local, state and national lawmakers on behalf of healthcare facilities.

SPECIFIC RESOURCES

- Detailed information on national level or record of floor debate is found in the Congressional Record which is filed in most public libraries.
- A free copy of any bill or law may be obtained by sending a self-addressed label to:
  
  House Document Room  
  U.S. Capitol Building  
  Washington, D.C. 20510

- Current status of any bill from either side of Congress may be obtained by calling the House of Representatives, Bill Status Office (202) 225-1772 and provide the bill number.
- State level legislation information may be obtained by writing:
  
  Legislative Information  
  General Assembly Building  
  Richmond, VA 23219  
  Phone: (804) 786-6530

Any bill against the best interest of healthcare facilities can become law if people fail to make their views known to their legislators. Legislators must know their constituents' thoughts in order to represent them effectively.
GUIDELINES FOR LEGISLATIVE CHAIR

- Be appointed by the auxiliary president.
- Send the name of the auxiliary's legislative chair to the district or state legislative chair.
- Keep up to date on current healthcare issues by reading the VHA/VAHAV legislative mailings.
- Either the auxiliary legislative chair or auxiliary president meet with the administrator on a regular basis to stay informed of legislative issues presently impacting the facility and community and explain that the auxiliary would like to participate in advocacy efforts.
- Make a point of getting to know local legislators.
- Invite legislators to tour the facility and to speak to the auxiliary with the approval of the CEO.
- Encourage auxiliary attendance at the VHA/VAHAV Legislative Issues Conference and the desirability of lobbying with members of the healthcare facility's administration.
- Encourage Auxilians to contact their legislators on healthcare issues by letter writing, telephone contact or personal visits.

LETTER WRITING

- Make it your letter. An original letter carries far more weight than a form letter.
- Express your thoughts on your stationery, typed or handwritten. The use of hospital letterhead is prohibited unless you are stating the official position of the hospital.
- Be expressive. Thank your legislator for the good things he does. Offer constructive criticism when his position is different from that of the hospital.
• Keep your letter simple, friendly and sincere.
• Keep your letter to one issue and to one page, if possible.
• Express your support or opposition. If opposed, offer an alternative to the issue. Be factual. Be reasonable.
• Specifically request a vote for or against legislation.
• Request an answer. You have expressed where you stand, now ask where he stands.
• Be sure to sign your letter and give your full address.

How To Address Letters

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<th>INSIDE &amp; ENVELOPE ADDRESS</th>
<th>SALUTATION</th>
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<tr>
<td>The President</td>
<td>The President The White House 1600 Pennsylvania Ave., N.W. Washington, D.C. 20500</td>
<td>Dear Mr. President:</td>
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<tr>
<td>United States Senator</td>
<td>The Honorable John Doe United States Senate Washington, D.C. 20510</td>
<td>Dear Senator Doe:</td>
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<tr>
<td>United States Representative</td>
<td>The Honorable John Doe U.S. House of Representatives Washington, D.C. 20515</td>
<td>Dear Mr. Doe:</td>
</tr>
<tr>
<td>State Senator</td>
<td>The Honorable John Doe State Capitol Building Richmond, VA 23219</td>
<td>Dear Senator Doe:</td>
</tr>
<tr>
<td>State Representative</td>
<td>The Honorable John Doe State Capitol Building Richmond, VA 23219</td>
<td>Dear Mr. Doe:</td>
</tr>
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TELEPHONE CONTACT

• Legislators must be contacted over and over again, particularly when the legislature is not in session, so that when they hear your voice or see your name on a letter, they react immediately. Don't limit your calls to the time the General Session is in session.
• Your legislator's time is very valuable. Introduce yourself first and get down to business quickly. State whether the position you are advocating is the healthcare facility's position as well.
• Send a follow-up letter thanking him for his time and briefly recap the issue, your position and any action agreed upon.

VISITING LEGISLATORS

A personal visit with a member of Congress is a most effective way to emphasize interest in healthcare facility issues. Visits can be held on Capitol Hill or in local Congressional offices.

If visits are for requesting a specific action, the Member of Congress is the best person with whom to meet; however, the Congressional staff follows issues much more closely and is often more appropriate for detailed discussions.
When visiting your Member of Congress:

- Promote the "K.I.S.S." principle for every Congressional visit: Keep It Short and Simple.
- Introduce yourself to the Member, as well as where you are from and what hospital you represent.
- State why you have come to visit and briefly outline the case for your position on a particular piece of proposed legislation and/or the issues that prompted your visit.
- Explain the issue simply and locally - that is, bring it to a level the Representative will understand, and use your healthcare facility as an example.
- Thank your Member for his/her time as well as future efforts on behalf of your own hospital.

SECTION XVII. PUBLIC RELATIONS-GENERAL INFORMATION

Public relations is, ultimately, the Auxilians' foremost responsibility. Whether carrying the message of the facility to patients and their families, to community members or within the auxiliary, Auxilians must be well-informed public relations ambassadors.

Members of healthcare auxiliaries should be well-informed about

- The facility's mission in the community
- The auxiliary's mission within the facility and the community.
- Local, state, and national
  - Healthcare delivery systems.
  - Healthcare financing.
  - Healthcare legislative issues.

Auxilians should convey correct, up-to-date information to

- Patients and families within the institution.
- Other Auxilians.
- Community clubs and organizations.
- Local businesses.
- Community members.

Auxilians should use a myriad of methods to convey messages through

- Print media - news release/news article (see example)
- Radio, television, video media.
- Speakers bureau.
- Social/professional opportunities.

Auxilians should seek helpful information from

- Facility administrator.
- Department heads.
- Facility board members.
- Healthcare publications.
- Popular press.
- Patients/families/staff/physicians.
- Continuing education.
- VAHAV

Being informed healthcare public relations ambassadors is an ongoing, never-ending process. The auxiliary newsletter and the auxiliary board and membership meetings provide ideal opportunities for informing members about pertinent issues from the very specific to the much more general. As auxiliary president, you will do well to assure that relevant, correct, timely information is available to all members. Some ways to do this are:

- Invite your administrator, department heads, trustees, legislators, etc. To your meetings.
- Send pertinent healthcare articles to members.
- Appoint public relations chair to your board.

REMEMBER: KNOWLEDGEABLE, ENTHUSIASTIC, CONSCIENTIOUS AUXILIANS ARE A FACILITY'S GREATEST ASSET!
NEWS RELEASE/NEWS ARTICLES

Definition: A news article is written about something that has already happened. A news release states something is going to happen.

Both news releases and articles are written with the most important information presented first. The first sentence of your release/article should answer the questions of WHO, WHAT, WHERE, WHY and, if possible, HOW. These sentences are called the "lead" and should strive to capture the reader's attention. Each succeeding paragraph should be of declining importance, meaning the last sentence or paragraph is the least important. This formal way of writing is called an "inverted pyramid".

BASIC GUIDELINES

1. Write on auxiliary letterhead.
2. Written just below the stationary letterhead, the heading should contain: the date, the words "For Immediate Release" and "For Further Information, Contact:" listing name and phone number.
3. Type and double space.
4. Keep paragraphs short (about three sentences) and keep the release short, no more than two pages.
5. Don't use big words - usually write on the reading level of a 12 year old.
6. Specify exact day and date within the release, if possible.
7. List address as well as the place of event.
8. Spell out numbers one to ten... 11 and up use numerals.
10. In the last paragraph, write (if applicable) for more information, call 000-0000.
11. It is illegal to mention door prizes, raffles and lotteries.
12. Use copyright materials only with permission.
13. Check spelling of names or places. If either is unusually spelled, put a check mark above it to assure the editor of its correctness.
14. PROOF-READ! PROOF-READ! PROOF-READ!
15. Omit unnecessary words.
16. Leave room at top of release for editor to write in a headline- that is his job, not yours.
17. At the end of each page, write "more" if the release is continuing to a second sheet. At the end of the release, write "30" or ###. No one knows why "30" is used to end a story but every newsman in the world knows that it means "the end".
18. Duplicate on copy machine.
19. Inquire about newspapers' deadlines.
20. Always mail "first class".
21. Write the article as if the newspaper reporter had written it and was reporting to the community. You may use quotes from Auxiliaries to give it a personal slant.

Example for
Auxiliary Presidents

Use Letterhead

Date

For Immediate Use or Release For more information, contact:

Name ____________________________

Phone No. ________________________

NEWS RELEASE

Representatives from the ____________________________ Hospital Auxiliary attended the Virginia
Association of Hospital Auxiliaries’ Annual Conference, October ______ in __________________ Virginia.

"___________________________________" was the theme of the Conference. Members of the Virginia Hospital Association staff (individual's name and title may be used) and directors and specialists (individual's name and title may be used) in Volunteer and Patient Services spoke to the group of _________ registrants. Roundtable discussions on timely and challenging subjects were, also, conducted.

Volunteer and auxiliary leaders continue to work with the ongoing needs of their membership. They are grasping the meaning and vision of healthcare reform and are creating a basis from which to work. Participation in these seminars and workshops, willingly and responsibly, reflects the dedication of these volunteers.

SECTION XVIII. NEWSLETTER - GENERAL INFORMATION

Newsletters are an important communication link with the membership of your auxiliary. Newsletters may be published monthly, twice a year, or whenever events merit. Newsletters may vary from one page typewritten sheet to elaborate, slick paper with photographs and art work. Utilize your facility's public relations staff for assistance and ideas. Inquire about adding auxiliary news to your facility's in-house or community distributed publications. Titles for newsletters may be developed through a contest in your auxiliary, suggestions from your facility's public relations staff, or researching other publications for ideas. It is generally agreed that pictures are important, however, it is expensive to include them, especially pictures of really good quality. Their use will depend on the financial situation.

SUGGESTIONS FOR NEWSLETTER ARTICLES

- Message from the president.
- Information about actions taken by the Board of Directors (at Board Meetings).
- Treasurer's reports.
- Calendar of coming events.
- Reports from committee chair.
- Up-dates from an administrator.
- Members' birthdays.
- Profile of a board member.
- Poetry and quotations.
- Nominating committee report.
- Meeting notices.
- Requests for help/donations.
- List of new members.

MAILING LIST SHOULD INCLUDE

- Membership
- The VAHAV President and VAHAV Vice President
- The district chair and district newsletter chair
- The state newsletter chair
- Your hospital's CEO
- Other department heads, and/or representative of the departments in which volunteers serve
- Any staff members who are interested in the activities of the auxiliary

In some communities, it might be useful to send one to the local newspaper.

If your mailing list is 200 or more, look into acquiring a bulk mail permit. This can lower your mailing cost considerably. Contact the Post Office for information.

Include the name and address and/or telephone number of the editor so that the reader can get in touch for further details of any articles that interest him or her.

If your auxiliary has no newsletter, you can still have articles of interest included in the VAHAV Connection by sending information to the newsletter editor, whose name and address will be included in each edition.
SECTION XIX. YOUTH VOLUNTEER PROGRAM - GENERAL INFORMATION

The youth volunteer program has traditionally been an integral part of auxiliaries. Its purpose is to assist the auxiliary in any possible way. Youth volunteers are subject to all articles and bylaws of the auxiliary. In many instances, they operate independently and play a major role in setting their own goals and making their own decisions. Adult leaders assist youth programs that are structured to include a teen board of directors which develops rules that address the purpose of the program, its relationship to the facility and guidelines for meetings of members, officers and board members. Adult leadership may include a youth volunteer chair and/or a youth volunteer coordinator (a paid position.)

SUGGESTED RESPONSIBILITIES OF A YOUTH VOLUNTEER CHAIRMAN

The general purpose of the youth volunteer chair is to organize and direct all activities of the youth volunteer group sponsored by an auxiliary. The chair stimulates interest among the youth of the community in becoming trustworthy, dependable, and active. The chair approves and accepts members, schedules them to a service, arranges for their orientations, and periodically checks their progress.

Specific duties of the youth volunteer chair include
- Supervise all meetings of the youth volunteers.
- Supervise all meetings of the youth volunteer board.
- Assist in the planning and execution of all social events.
- Attend monthly board of directors' meetings of the auxiliary and reports the activities of the youth volunteers.
- Attend all general meetings of the auxiliary.
- Prepare an annual report to be submitted to the auxiliary president and retain a copy in the youth volunteers' notebook.
- Keep an up-to-date mailing list of all adults assisting with youth volunteers in the auxiliary file.
- Supervise the accurate keeping of youth volunteer hours, and be responsible for organizing and holding an annual awards ceremony.
- Counsel and guide youth volunteers in any way possible.
- Keep an up-to-date notebook containing all information relative to youth volunteers.

The youth volunteer chair is responsible:
- To the president of the auxiliary and to supervisors in the areas in which the youth volunteers serve.
- For all materials and equipment used by the youth volunteers such as smocks, name tags, hour books, mailing list, posted schedules, and files of members.
- For the work performance and conduct of the youth volunteers. She/he may assume the responsibility of counseling the volunteers who are not performing in a satisfactory manner. The chair must be able to discharge youth volunteers who are a discredit to the program.

SECTION XX. AUXILIARY LEADERSHIP

GENERAL INFORMATION

A leader is best
When people barely know he exists,
When his work is done, his aim fulfilled
They will say
We did it ourselves.

Lao Tzu
DEFINITION

Leader (Webster) - One who leads, a guide, conductor
Leadership - Denotes the existence of a group

Leadership is a reciprocal process. It is not just about leaders; it is, also, about followers. It occurs between people. Successful leadership depends on the followers’ perception of the leader. Followers not leaders, determine when someone possesses the qualities of leadership. Leadership is in the eye of the follower.

LEADERSHIP CHARACTERISTICS

- Honesty
- Competence
- Forward Looking
- Inspiring
- Credible

LEADERSHIP SKILLS

- **To be:**
  - Enthusiastic
  - Flexible
  - Creative
  - Committed
  - Dependable
  - A Communicator
  - Insightful
  - Cooperative
  - Unselfish
  - Adventurous
  - Responsible
  - Positive
  - A Team player
  - Informed
  - A Servant

- **To:**
  - Listen
  - Delegate
  - Set A Good Example
  - Empower
  - Keep Records
  - Accept Change
  - Educate
  - Motivate
  - Suggest And Request
  - Encourage Suggestions
  - Encourage Decision Making
  - Have A Sense Of Humor
  - Understand "Feelings"
  - Praise - Praise - Praise

LEADERSHIP RESPONSIBILITIES

- Responsibility is a "constant companion" of a leader.
- Understand the purpose of your organization.
- Know the auxiliary bylaws and policies.
- Know the rules, regulations and policies of the facility and know how they relate to the auxiliary program.
- Have a vision.
- Establish goals: short term/long term.
- Define results to be achieved.
- Adopt a plan of action.
- Set a deadline.
- Make a firm decision.
- Know all the facts.
- Talk to everyone concerned.
- Learn all opinions.
- Evaluate what you have learned.
- Make decision best for the facility.
- Be loyal to the facility and auxiliary.
- Be a problem solver.
- Define problem.
- Identity obstacles.
- Find workable solution.
- Recommend course of action.
- Always have someone in training for leadership responsibility.
- Have new and experienced workers in each area of responsibility.
- Check position guidelines to see if responsibilities are being met.
- Make your auxiliary a team.
- Be willing to assume the challenge of change.
LEADERSHIP PHILOSOPHY

- Never stop learning, exploring and discovering the things that make life fascinating.
- Be a HAPPY Leader. Love what you are doing and live it!
- Make your service a team effort then you will always have someone on your side.
- An important measure of a leader’s own success is the success of others.
- Know "101 Ways" to say "Very Good".
- A leader must prepare for the day when the term of office ends and must prepare wisely. Cultivate new interests! Opportunities abound! The best of all leaders is the one who helps people so that, eventually, he is no longer needed.

SECTION XXI. RESOLVING CONFLICTS

A FIVE STEP PROCESS IN REACHING AGREEMENTS:

1. Recognize your common goal(s) with the other person. You both may want to get a job done in a quality way; may value the same kind of organization; may be concerned about similar issues in the group or organization. You may have to draw the circle fairly large to encompass similarities in some cases.

2. State your need (or the actual problem), not your position. It is important that you understand what need you are trying to satisfy or problem you are trying to solve, rather than beginning the conflict with a solution (or position). If just one person in the negotiation understands his/her need, the conflict often is clarified.

3. Ask the other what he/she needs, or what you can give him/her in return. Here it is also important to identify the underlying interest or need rather that the position. You may or may not be in conflict with the person once needs are identified.

4. Enter into problem-solving with the other, generating alternate ways of meeting the needs or solving the problems. Here the important point is to be flexible about ways to solve problems. Flexibility will prevent the conflict from reaching a deadlock.

5. Decide who has responsibility for follow-through on the action plan. This is an important part of reaching agreements. What will happen next? Who will initiate? How will the person do that? How will you know if you have accomplished what you set out to do?

@ Yarborough 1988: Volunteer Management Series

"I" STATEMENTS

- "I" statements are critical in the process of conflict resolution.
- "I" statements say what one feels without impugning the character of the other person or putting she/he down with blame and shame.
- "I" statements cause the discussion to degenerate into a nonproductive verbal battle with the contestants vying to see who can best clobber the other with insults.
- "I" statements are used to let the other person know that you have needs and are serious about seeing that those needs are not going to be ignored.
- "I" statements communicate one’s own limits - what one cannot tolerate and does not want to sacrifice.
- "I: statements say "I am a person with needs and feelings. I have a right to discuss issues that concern me."

Adapted by Jane Asche from Leadership Effectiveness Training by Thomas Gordon.

CONFRONTING A VOLUNTEER/SALARIED STAFF CONFLICT PRODUCTIVELY

When you are confronted with a problem as a member of the volunteer/salaried staff education team, try the
following ten-step procedure for arriving at a productive solution.

Step 1. Set a time and place to talk. "I want to discuss with you an issue that concerns both of us. When and where would be a good place to do this? (Agree on a time and place. Be sure to provide enough time and insure complete privacy.)

Step 2. (When you have arrived at the appropriate spot). State your intentions and expectations for the outcome of this meeting. "I want to discuss an issue about a certain way we are working together. I hope we can join together to create a solution that will be agreeable to you as well as me."

Step 3. Describe the event. "Remember when ...." (Wait for acknowledgement).

Step 4. State your feelings about the event using "I statements" and end your statement with a question - "When this happened .... I felt .... I felt that way because I wanted ..... How were you feeling?"

Step 5. Explore all relevant information concerning the event - "I'd like to tell you my view of what happened and I want to hear your side also." DO NOT GO FOR SOLUTIONS YET.

Step 6. Repeat the other person's view of the event. "OK, let me see if I understand. What you're saying is ____________ ."

Step 7. Explore solutions that would satisfy both of you - "Maybe now that I understand what you were thinking about and you understand what I was thinking about, we can explore some ways to solve this kind of problem in the future".

1. What can I do to be helpful to you in such a situation?
2. Here's what you can do to help me.

Step 8. Offer a fair exchange - "OK, I'll do this (restating your understanding of what is being requested) for you in the future, if you will do (restate your request) for me in exchange."

Step 9. Test for agreement and commitment - "Is it realistic to think we can carry out this bargain? What should be our next steps if we find this solution we have agreed upon does not work well?"

Step 10. Sum up - I think we have agreed that ....

Adapted from Managing Volunteers for Results; Audrey Richards; Institute for Fund Raising; 333 Hayes Street, San Francisco, CA 94102; 1978.

DEALING WITH DIFFICULT PEOPLE

Keep your cool.

- If you're right there's no reason to lose your temper. If you are wrong, you can't afford to lose it.
- Don't argue. Convincing yourself that you are right won't win any friends. Nobody ever 'won' an argument.
- Be positive in your approach. Even if you are totally in the wrong, you don't have to be defensive. Be positive about your intention to correct the mistake.
- Allow the person to blow off steam, but don't take it personally and try to get them to do it in private. There is no sense in embarrassing you or in disturbing other people.
- Never let the other person lose face. It is one level of injury to deliver a bad product or service, it is quite another to then harm the person's pride.

Listen with empathy and look for the facts.

- Act as if you really care about the person and their problems, even if you have heard it all before. A person who thinks that you are concerned is more likely to stop complaining and start working toward a solution.
- Listen first and then talk about filling out forms. Paperwork is not sympathy.
- Listen for areas of agreement and agree with the person whenever you can.
- Nod your head in agreement, paraphrase important points and confirm with the person that you have their side of the facts correctly. Agreeing is not enough; you must show that you agree.
- Ask the person what they want done to solve the problem.
- If the person thinks that you really care about them and their problem, they will begin to look at you as their ally in solving the problem, ignoring the fact that you are a part of what they are complaining about.

Take action to solve the person's problem.

- Do what you can to solve the person's problem. If you can't solve the problem yourself, refer them to someone who can take what steps you can to put the person in direct contact with that problem solver.
- If possible, offer the person several options and let them choose which would be most satisfying.
- If you are at fault, apologize.
- When offering solutions, state them in a positive manner, avoid phrases like "we can't do that today" in favor of "we can fix this for you by first thing tomorrow."
- If you can't solve the person's problem, say so directly and politely. Then ask the person what sort of other action might satisfy them.
- When citing a hospital rule, always explain the justification for the rule.

**Bring the session to a polite close.**
- After you've done what you can, ask if there is anything else that you can do to help.
- Thank the person for bringing the incident to your attention.
- If possible, make a follow-up call to the person to check on their satisfaction.
- Keep the person informed of progress. Expectation without information will only heighten anger.

**Do not expect to win them all**
- Some people will be more interested in getting even than getting help.
- It isn't necessary to win them all; it is only necessary to try.

**SECTION XXII AUXILIARY LEGAL CONCERNS**

"Auxiliary is a self-governing membership organization; it is an entity that is accountable directly to the hospital's administration. The auxiliary is founded by persons from the community who agree to work together to assist a healthcare institution in promoting the health and welfare of the community. It is implied that this affiliation is the formal basis of a relationship wherein the auxiliary functions in accord with objectives established by the institution. Even though the auxiliary is self-governing, the rights to function are authorized by the institution’s governing board, and it is responsible to administration in the exercise of those rights.” (American Hospital Association Guidelines: Relationships, Responsibility, and Accountability of the Hospital Auxiliary, the Department of Volunteer Services, and Administration).

The organizational structure and function of the many Virginia hospital auxiliaries vary, but each auxiliary is responsible and accountable to the hospital or healthcare institution to which it is affiliated. Most, if not all, hospital auxiliaries are tax-exempt or 501(c)3 charitable organizations either by sharing their healthcare institution's tax exempt status or as an independent entity. Each auxiliary should be aware of the value and requirements of maintaining this status and all obligations inherent to being a 501(c)3 charitable organization.

**Legal Status Of An Auxiliary**

(adapted from American Hospital Association's legal concerns material and presentations)

Three distinct categories define the legal status of an auxiliary. Each auxiliary cannot belong to more than one of these categories. An auxiliary can be

1. An integral part of the hospital corporate structure, which means the auxiliary functions under the tax-exempt number of the hospital and is not, itself, a separate not-for-profit group.
2. An unincorporated association, which means it is attached to a not-for-profit corporation, but has its own tax-exempt status and filings with the IRS, with all such information in their bylaws and in the hospital bylaws.
3. A separately incorporated entity, which means it has its own charter to operate as a not-for-profit corporation. (a. attached to not-for-profit corporation or b. affiliated with investor-owned corporation).

**Requirements Necessary For Each:**

1. **Integral to the hospital**
The hospital bylaws cover the auxiliary.

c. The hospital has tax-exempt status as a 501(c)(3) organization, and donors should be advised to make checks payable to the hospital auxiliary account. The name of the hospital, not the auxiliary, should be listed in the IRS listings of organizations that are tax-exempt and to which donors may make deductible contributions.

d. The hospital files the appropriate tax information return (IRS 990), payroll tax returns, and whatever other returns or reports may be required. All financial activities of the auxiliary are reported in the hospital financial statements.

e. Required licenses, such as occupational or vendor license are obtained by the hospital.

f. All insurance and bonding is provided by the hospital.

(g) All contracts are negotiated and signed by the appropriate representative of the hospital.

(h) The hospital's governing body and/or administrator must approve the disposition of net earnings, that is, net income from businesses and Fundraising activities.

(i) The hospital has legal title to all assets used by or generated by the auxiliary.

(j) The auxiliary may charge dues to raise monies for the benefit of its own membership, with the hospital's approval.

(k) The hospital's governing body grants authority to the auxiliary to engage in specific functions, but the governing body has the ultimate responsibility for the actions of the auxiliary.

If an auxiliary is an integral part of the not-for-profit hospital and the hospital is bought by an investor-owned hospital, the auxiliary must reassess its legal position and structure and, with the administration, decide on the appropriate legal structure that will suit both the hospital and the auxiliary. (*For more information—see XX11.4-5*)

2. Separately Unincorporated Association, attached to not-for-profit corporation

(a) The auxiliary states in its bylaws that it is an unincorporated association, although absence of such a statement does not negate the fact. An auxiliary who does not meet the requirements of either the integral part of the hospital corporate structure, or the separately incorporated, would fall into this category.

(b) The auxiliary states its purpose in its bylaws; its purpose must necessarily be exclusively charitable, if the auxiliary wishes to obtain tax-exempt status.

(c) The auxiliary files IRS form 1023 to obtain tax-exempt status and IRS form SS4 to obtain an identification number.

(d) The auxiliary prepares its own financial statements and files IRS form 990 yearly, if its average gross income exceed the amount specified in the form 990 instructions.

(e) The auxiliary obtains necessary licenses and provides insurance and bonding.

(f) The auxiliary has the right to designate funds for use by the hospital for scholarship activities, or for the use of other tax-exempt organizations.

(g) The hospital's governing body should indicate in the hospital bylaws that the auxiliary exists and that it is authorized to operate in the hospital facility and use the hospital's name.

(h) The members of an unincorporated association may be held liable individually as well as collectively in the event that a suit is brought against the auxiliary.

(i) The auxiliary may hire and fire its own employees, pay them and must maintain all necessary records on them.

Note: If the auxiliary or the department of volunteer services operates a gift shop or engages in other Fundraising activities, it is legally and financially treated in the same manner as an auxiliary that is an integral part of the hospital.

3. Separately Incorporated Association

a. attached to not-for-profit corporation

i. The auxiliary files with the secretary of state (Virginia) for a charter to operate in that state as a not-for-profit corporation.

ii. The auxiliary files IRS form SS-4 for an identification number from the IRS.

iii. The auxiliary files IRS form 1023 to obtain tax-exempt status as a 501(c)(3) organization.

iv. The auxiliary obtains all licenses required and provides, all necessary insurance and bonding.

v. The auxiliary prepares its own financial statements and files all necessary federal reports and tax information returns (IRS form 990) subject to all reporting requirements.

vi. The auxiliary negotiates and signs its own contracts.

vii. The auxiliary designates funds for use by the hospital or scholarship programs or may designate funds for use by other 501(c)(3) organizations.

viii. In the event of a suit, the corporation is held liable for the actions of the auxiliary. A member
may be sued individually if there is negligence or fraud by the member.

ix. The auxiliary hires and fires its own employees, pays them, and maintains all necessary records affiliated with investor-owned corporation

x. The auxiliary must meet the same requirements of the not for profit with the following exception:

1. All funds raised must be designated for the benefit of tax-exempt 501(c)(3) organizations, such as other not-for-profit clinics or scholarship or local programs and may not be designated for the benefit of the investor-owned hospital.

2. The auxiliary always has the option of operating as an investor-owned organization and of paying income tax on its profits.

Permits And Licenses

Many localities require certain permits and/or licenses for operation of businesses as gift shops, coffee shops and thrift shops; resale of certain items, i.e. used bedding; and the conduction of some fund raising activities. Each community or county has its own regulations and requirements. Auxiliaries should be aware of such local laws and comply with them.

LIABILITY

Liability issues are inherent in the operation of all auxiliaries and is an area that must be addressed.

Those auxiliaries that manage the volunteer program in their hospital must be aware of and meet the various legal issues inherent in volunteer management as determined by their hospital.

Each auxiliary should work with their individual hospital to ensure that it is operating in a sound and legally responsible manner and that it has sufficient liability coverage.

RESOURCE MATERIALS

Resource materials are available on auxiliary and volunteer management legal concerns through the VAHAV Resource Library.

SO, THE HOSPITAL WAS SOLD TO AN INVESTOR-OWNED CORPORATION

(Adapted from article by Cookie Paquette, in The volunteer Leader, Vol 26 No. 1 Spring 1985)

Nonprofit, tax-exempt hospitals are being acquired by investor-owned (for profit) corporations at an increasing rate. This is not a new trend, but one that has picked up considerable momentum in recent years. The big question for auxiliaries is: "What Happens to us?" The answer depends on the circumstances. Let's examine two separate cases.

In the first instance, let's consider what happens to the auxiliary that is separately incorporated, has its own tax-exempt status, and according to its bylaws, raises funds solely for the benefit of the community hospital. The first step is to call for a meeting with the administrator and get the facts. This is no time to base decisions on rumors. The board of directors of the auxiliary should determine the date of the sale, name of the corporation buying the hospital, personnel changes at the administrative level, changes in the board of trustees, and, most importantly, any information available concerning the relationship of the new investor-owned hospital to the auxiliary. It is possible that the new corporation does not want an auxiliary, although this is highly improbable.

Once the board of directors has established the fact that the auxiliary is welcome to stay and continue its Fundraising activities, than it should proceed to make changes in its documents to protect its tax-exempt status.

The corporate charter and bylaws of the auxiliary must be changed to eliminate all mention of the hospital with which it is affiliated. The auxiliary must decide what its new purpose will be. Many auxiliaries affiliated with investor-owned hospitals state that their main purpose is to raise funds for community health programs, scholarship programs, helping other 501-c-3 organizations, such as Life Line and drug abuse programs and street clinics for the poor. The auxiliary must remember that to maintain its tax-exempt status it must demonstrate that it exist exclusively for charitable purposes.

If the auxiliary prior to the sale made a pledge to raise a certain amount of dollars for the community hospital and has paid only a portion of the commitment, it is not obligated to fulfill the pledge. The pledge is a contract and ceases to be valid at the time of the sale. Tax-exempt organizations may not financially benefit an investor-owned corporation that is operated for profit and the benefit of its investors.
The auxiliary should definitely meet with the new administration to determine whether or not the auxiliary will have to pay for rent, utilities, maintenance, and supplies. Some investor-owned hospitals do charge for space and services and this should not come as a shock to the auxiliary.

In the second instance, let's consider the auxiliary that is an integral part of the nonprofit tax-exempt, community hospital. Again, the auxiliary board must meet with administration and determine the facts. Assuming that the new owners allow the auxiliary to continue, the auxiliary is faced with many problems that must be solved. Because the auxiliary is an integral part of the community hospital, the hospital does in fact have legal title to and own all the assets and funds managed by the auxiliary. If the board of trustees of the hospital so desired, it could make legal arrangements for these assets and funds to be transferred to the auxiliary. Or, the trustees could allow sufficient funds to be made available to the auxiliary for day-to-day operations for a period of time that is sufficient for the auxiliary to get on its financial feet. Traditionally, most boards of trustees have taken the necessary steps to ensure the survival of the auxiliary.

The board of directors of the auxiliary will have to decide whether or not they wish to separately incorporate, obtain a tax-exempt status, and change the auxiliary's purpose to provide funds to other community agencies that are tax-exempt, promote health fairs, supports clinics for indigent care, or establish scholarship funds. Let me reiterate: the board must remember that it cannot financially benefit the new investor-owned hospital.

If the auxiliary decides to incorporate and become tax-exempt, it will need the services of an attorney and an accountant. A corporate charter must be drawn up. Internal Revenue Service form number 1023 must be filed (Application for Tax-exempt Status). Bylaws must be written that are based on the auxiliary's new status. Contracts must be reviewed and changed if necessary.

In either of the instances discussed, the following holds true: Documents must be changed. Contracts cease to exist because of the change in relationship to the hospital. The purpose clause of the bylaws must change.

There is another choice available for the auxiliary that wishes to continue to financially benefit the hospital. The auxiliary could simply operate as a business just as the hospital does. This means paying federal income tax on profits and not accepting contributions from the public because such an auxiliary would no longer operate as a tax-exempt organization.

The unincorporated association form of auxiliary must pay attention to all prior information.

Now that the black and white, legal and financial changes that take place when an investor owned hospital corporation buys out a non-profit, tax-exempt, community hospital have been mentioned, let's address other organizational matters. The auxiliary organization is first and foremost a membership organization. The members of the auxiliary are frequently volunteers in the hospital, and, in some cases, membership in the auxiliary is mandatory before one can volunteer in the hospital. Investor-owned hospitals also desire the services of volunteers, and volunteer work will probably continue. However, a volunteer will not be able to deduct the cost of either uniforms or meals. Nor will the volunteer be able to deduct mileage costs. Such deductions are not allowed because the IRS rule on contributions states that an individual may only deduct a contribution for out-of-pocket expenses on behalf of charitable work performed for a tax-exempt organization. An investor-owned hospital is not a tax-exempt organization.

The rank and file membership of the auxiliary will certainly be upset by the uncertainty generated by the sale, and the time of transition will be difficult for everyone. The board of directors can facilitate the change by dealing with the issues in an honest and forthright manner. There is nothing to be gained by maintaining the attitude that nothing has essentially changed, because the necessary changes are definitely major. The let's do nothing approach is also self-defeating. One of the roles of a board of directors of the auxiliary is to educate, and this is not the time to abandon that responsibility.

MERGERS, CONSOLIDATIONS, ALLIANCES, AND AUXILIARIES

As more and more healthcare delivery systems change configuration in response to their quest for quality patient care at a reduced cost, it is important for an auxiliary to understand the new structure, evaluate itself, and move on to new ways to serve the healthcare delivery system whose name it bears. With variations, there are three primary methods which can be used - merger, consolidation, and alliance - to maximize resources, coordinate services, and contain costs. Mergers

Conditions of Mergers
- One institution assumes the assets and liabilities of another
Each maintains its own physical plant
Both function within the physical plant of one
Both move into an entirely different facility

- A merger occurs between two or more similar institutions
- A-merger occurs between institutions with different purposes
  - Acute care hospital with a rehabilitation hospital
  - Rehabilitation hospital with an extended care facility
  - Freestanding clinic with acute care or rehabilitation hospital
- The governing board is established in accordance with the new institutions’ bylaws
- The facility may develop a new name or combine the original names
- Auxiliaries involved sit down together to determine their future on behalf of the joined institutions

**Conditions of Consolidations**

- Two or more institutions dissolve their corporate identities and establish a new one which assumes all the assets and liabilities of the originals
- A consolidation may occur in a similar fashion to a merger so far as types of facilities are concerned
- The governing board is established in accordance with the new healthcare system's bylaws
- A new name or combination of names may be used to identify the new corporation
- Auxiliaries involved sit down to determine their future.

**In the Case of an Alliance**

- Two or more institutions, usually in the same community, agree to assign specific services to each in order to avoid duplication and reduce competition
- Each institution retains its own name and corporate identity
- A parent board is formed, with representation from all partners, to perform certain stated duties
- Each facility maintains its own Board of Managers with responsibilities to its own facility Staff physicians are given privileges at all facilities and may develop a single set of bylaws
- Auxiliaries remain autonomous, using their healthcare delivery system’s name

**Auxiliaries**

*Communication*

Communication among the auxiliaries in any of these circumstances is vital. Auxiliaries can, and should, become involved in joint projects for the benefit of their common community or market arena.

When any sort of new structure is being considered, it is helpful to the auxiliary if it is informed as discussions begin and changes are finalized. If such information is not offered, the auxiliary may have to take the initiative and request that its representatives be made aware of the progress of the negotiations. Informed auxiliary leaders are then prepared to educate other auxiliary members and the community. An informed community is often a supportive community.

*When Auxiliaries Merge*

The merging or consolidating of auxiliaries should be done on a step-by-step basis. Each auxiliary’s membership should meet to communicate information about the proceedings, obtain support for the combining of the auxiliaries, and get approval for each auxiliary’s board of directors to appoint representatives to a combined steering committee.

Committee members should include representatives of the leadership and the membership at large. Subsequently, it is wise to secure legal assistance, usually from an in-house counsel, to determine the status of the new auxiliary in relation to the institution, to develop new bylaws, and to resolve any other legal issues.

*Steering Committee Responsibilities*

- Review the reasons for the institution merger with the assistance of the administration
- Discuss the relationship of the auxiliary to the new entity
- Identify the needs of the institution in terms of programs, services, and funds
- Define the institution’s expectations of the new auxiliary
- Review the background, programs, and projects of each auxiliary
- Discuss similarities and differences
- Determine how to utilize each auxiliary's present leadership so there is no loss of prestige
- Pinpoint the advantages of merging the auxiliaries
- Discover whatever legal action is needed to dissolve the existing groups and form the new one
- Agree on disposition of funds remaining in original auxiliary treasuries
- Establish a mechanism for the auxiliary membership to approve the merger, adopt new bylaws, and elect a slate of officers

Members of the existing auxiliaries become charter members of the new one. Charter membership can be kept open for an extended period to encourage others in the community to join. The establishment of the new organization offers an excellent opportunity for membership recruitment.

Adapted from material from State Auxiliary Leader of Pennsylvania, 1998

AGENCIES, FORMS, INSTRUCTIONS, PUBLICATIONS
OF ASSISTANCE TO THE HOSPITAL AUXILIARY

Virginia Lawyer Referral Service  (804) 552-7977
Virginia Society of CPAs  (804) 270-5344
   > Society holds periodic seminars on money management for non-profits.
   National Association of Accountants - see local directory for chapter
Internal Revenue Service Helpline (toll-free) 877-829-5500
   > Service designed to answer specific questions by tax-exempt organizations

Internal Revenue Service Resources

> To order materials: 1-800-829-3676
Publication 557                      Tax-Exempt Status For Your Organization
Form 1023                            Determination Letter of Federal Tax-Exemption Status
Form SS-4                             Application for Employer Identification Number
Form 990-EZ                           Short-Form Return of Organization Exempt From Income Tax
Form 990-EZ Instructions
Form 990                             Return of Organization Exempt From Income Tax
Form 990 Instructions
Schedule A (Form 990)                Organization Exempt Under 501©3
   + Note: must be completed & attached to Form 990/990EZ
Schedule A Instructions
Form 2758                            Application for Extension of Time to File Certain Excise Income, Information, or other Returns
Publication 598                      Tax on Unrelated Business Income of Exempt Organizations
Form 990-T                           Exempt Organizations Business Income Tax Return Form 990-T Instructions
Form 1099-Misc.                     Statement for Recipients of Miscellaneous Income Exceeding $600.00
Form 1099 Instructions
Form 1128                            Application for Changing Accounting Period

US POST OFFICE
Call local branch office. May need to account with Post Office Bulk Mailing Permit if send out newsletters using bulk mail

VIRGINIA STATE CORPORATION COMMISSION
Clerk’s Office, 1220 Bank Street, PO Box 1197, Richmond, VA 23219, (804) 786-3733

CLERK OF CIRCUIT COURT

ASSUMED OR FICTITIOUS NAME CERTIFICATE

“If business conducted in Virginia under a name other than the legal business name, an assumed or fictitious name certificate must be filed in the office of the Clerk of the Circuit Court in each county or city where business is to be conducted.”

“In addition, if the entity is a limited partnership or a corporation, it must obtain a copy of each fictitious name certificate, attested by the Clerk of the Circuit Court where the original was filed, and file it with the Clerk of the State Corporation Commission.”

Clerk of Circuit Court telephone number listed in local directory

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**SECTION XXIII. STRATEGIC PLANNING**

**GENERAL INFORMATION**

Planning is important for an auxiliary. It allows the auxiliary to act instead of react to a changing environment.

Planning is a decision-making process that stimulates present action in order to produce specific results in the future. It should be a permanent, integral part of an organization's management process.

Planning is necessary for the following reasons:
- In most instances the auxiliary is an integral part of the healthcare facility and accountable to it. The auxiliary is obligated to function effectively. When this happens, the facility will trust the auxiliary, giving it further responsibility.
- Planning strengthens the auxiliary. It becomes organized and more productive.
- Planning enables the auxiliary to effectively use its resources and its people. Auxiliaries are motivated and retained.
- Planning provides continuity of operation through the periodic changes in leadership.
- Planning projects a positive image to the community. The auxiliary is a group that knows where it is going and how to get there.
- Planning forces the auxiliary to examine the present, learn from the past, and focus on the future. Many opportunities for improving current operations would be lost if not for the planning process.
- Planning ensures that the auxiliary does not acquire more projects than it can successfully complete.

Strategic planning relates directly to the auxiliary's mission statement. It provides specific methods for reaching goals, covering the details of who, what, where, when, and how to implement the plan.

To be successful at strategic planning, an auxiliary must assess needs and determine what situations may affect its plans:
- What are the needs of the facility and community that the auxiliary can realistically fulfill?
- How can the auxiliary meet these needs?
- What resources (funds, member skills, etc.) are available?
- Who will help? Who may hinder?
- What are potential obstacles and how may they be overcome?

**GOALS AND OBJECTIVES**

Management by objectives is a process where board members identify the auxiliary's goals and set specific
objectives for the coming year. These objectives are then used as operational guidelines, and performance is assessed on the basis of whether or not the objectives were met.

A **goal** is a general statement of what the auxiliary wants to accomplish.

An **objective** is a specific, measurable statement of what the auxiliary is going to do by a certain time to reach the goal. An objective is the desired result of a proposed plan of action.

Setting goals requires thought, evaluation of past experience, imagination, and careful planning. Goals provide direction. They should challenge and motivate, but still be achievable.

The management by objective process functions best when:
- Goals and objectives are well-defined.
- Goals and objectives are agreed upon by the auxiliary management team (board).
- Goals and objectives are communicated effectively and enthusiastically to the auxiliary as a whole. Membership support is essential to meet the objectives.

Objectives must meet certain criteria:
- Feasible -- Objectives must be possible and reasonable.
- Dated -- Objectives must have a time frame indicating an end date.
- Measurable -- It must be obvious whether or not the auxiliary has accomplished its objectives.

The implementation plan outlines the specific action steps necessary to achieve each objective. A flow chart with the following steps may be used:
- What is to be done?
- Who is responsible?
- How will it be done?
- When should each step be accomplished?
- What resources are needed? (People, funds, materials, etc.)
- Who will be accountable to report, and to whom and when?

Be flexible and willing to change the objective and strategy if it becomes obvious that the original approach will not work.

**EVALUATION PROCESS**

The evaluation process is possibly the most important step in strategic planning. It looks back on accomplishments, measures the extent of their success, and considers the activities that contributed most to success.

Evaluation requires a number of questions to be answered:
- How well did the strategies work?
- Were resources adequate and effectively used?
- Were tasks properly delegated, and did those involved live up to their commitments?
- What recommendations should be made for the future?
- Were the objectives met? If not, why not?