BC Association of Healthcare Auxiliaries

BCAHA Annual Review 2025

Statistics January 1, 2025 to December 31, 2025

The Annual Review provides the BCAHA with very important information which it requires to help all BCAHA members stay informed, as well as create the Annual Report which is sent out to many interested parties. (BCAHA members, Health Authorities, etc).
Please submit this completed Annual Statistics Review **no later than January 15th, 2026.**
If you are unsure of your exact November or December numbers, please give your best educated guess, based on previous years.

Return to: BCAHA Secretary

secretarybcaha@gmail.com (preferred method)

or #38 – 5900 Ferry Road, Delta, BC V4K 5C3

WHEN EMAILING THIS FORM PLEASE PUT THE NAME OF YOUR AUXILIARY IN THE SUBJECT LINE

(e.g. HAPPY VALLEY HOSP. AUX. ANNUAL REVIEW 2025)

NOTE: An easy to complete version of this form can be found on line. For the link, please see the BCAHA website
Members' Area - Forms & Resources-
Auxiliary Annual Statistics and Dues Forms
and can easily be submitted on completion right on line.

Thank you very much for your time in submitting this very important Annual Review.
PLEASE PRINT VERY CLEARLY! * items are required. Put n/a if it does not apply to your auxiliary.

*Auxiliary Full Legal Name: _____

*Auxiliary Mailing Address: _____

*In what area is your Auxiliary? _____

*Current Auxiliary President: _____

*President's Email: _____

*President's Phone Number: _____

*Current Auxiliary Secretary:_____

*Secretary's Email: _____

*Secretary's Phone Number:_____

*Current Auxiliary Treasurer:_____

*Treasurer's Email: _____

*Treasurer's Phone Number:_____

*Preferred Email for Communication _____

*Does your Auxiliary have any paid staff? Yes_____ No_____

*If your Auxiliary has paid staff, please list their job titles. Please put 'n/a' is you have no paid staff.

_____

_____

*Auxiliary Website: _____

*Auxiliary on Facebook: Yes _____ No _____

Membership and Hours

*Number of Adult Auxiliary Members: _____ *Hours _____

*Number of Youth Volunteers: _____ *Hours_____

Auxiliary Donations

*Equipment Purchased: $_____

*Patient Comfort Items: $_____

*Community Outreach: $_____

Bursaries/Scholarships

*Number Presented: _____ *Total Amount $_____

***Total donated in 2025** $_____

Programs and services provided by your Auxiliary: (please use additional sheet if needed)

_____

_____

_____

_____