

V.A.V.S. REPORT 2016-2017

Fill out in triplicate. Send two copies to address listed at right: Keep one copy for Unit files

Must be postmarked by: _____

PLEASE PRINT OR TYPE

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

TOTAL NUMBER OF SENIOR MEMBERS _____

LOCATION OF DVA MEDICAL CENTERS _____

LOCATION OF DVA SATELLITE CLINICS _____

1. Senior members working as:	<u>NUMBER</u>	<u>*DVA Certified HOURS</u>
Regularly scheduled (R/S) volunteers (Senior members)	_____	_____
Sponsored volunteers (non-members)	_____	_____
Occasional volunteers (non R/S)	_____	_____
TOTAL	_____	_____

Number of NEW VA volunteers that were recruited this year _____

2. List Unit Projects and Value of each (**one project per line**). If additional room is needed, please use reverse side or attach additional sheet.

_____	\$	_____
_____	\$	_____
_____	\$	_____
Total....	\$	_____

3. Cash Donations (**one project per line**). If additional room is needed, please use reverse side or attach additional sheet. (Examples: DAV Transportation Network, Veterans Writing Project, or Winter Sports Clinic).

_____	\$	_____
_____	\$	_____
_____	\$	_____
Total....	\$	_____

TOTAL VALUE OF 2 and 3..... \$ _____

If total exceeds \$1,000, expenditures must be itemized on back of report

4. Was a Special Fundraiser held to benefit VAVS? Yes _____ No _____

Total number of volunteer hours for the program _____ Total amount raised \$ _____

Briefly explain the program:

If more space is needed to complete this report, please continue on the reverse side or attach additional sheet.

***DVA includes VAMC, VA Outpatient Clinics, VA Hospice, VA Home-Health, VA Nursing Homes, VA Foster Care, VA Vet Centers, National VA Cemeteries, VA Regional Offices. State Veterans' Homes and Cemeteries if a Memorandum of Understanding (MOU) is in place. Hours must be certified through VAMC.**

Submitted by: _____ Signature of Commander and/or VAVS Chairman