V.A.V.S. REPORT 20 11 **- 20** 12

Fill out in triplicate. Send two copies to
State Adjutant
Keep one copy for Unit files
Must be postmarked by: _____

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

TOTAL NUMBER OF SENIOR MEMBERS _____

LOCATION OF DVA MEDICAL CENTERS _____

LOCATION OF DVA SATELLITE CLINICS _____

		NUMBER	***DVA Certified** HOURS
1.	Senior members working as:		
	Regularly scheduled (R/S) volunteers (Senior members)		
	Sponsored volunteers (non-members)		
	Occasional volunteers (non R/S)		
	TOTAL	0	0
	Number of NEW VA volunteers that were recruited this year		

2. List Unit Projects and Value of each:

_____ $_____

_____ $_____

Total.....$ 0.00

3. Cash Donations (Ex.: DAV Transportation Network, Veterans Writing Project or Winter Sports Clinic):

_____ $_____

_____ $_____

Total.....$ 0.00

TOTAL VALUE OF 2 and 3 ..... **$** 0.00

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.

***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