

V.A.V.S. REPORT 2009-2010

Fill out in triplicate. Send two copies to

Norma Jeffcoat
135 Batten Pond Road - Selma, NC 27576

Address listed at right:

Keep one copy for Unit files

Must be postmarked by: _____

MAY 1, 2009

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 _____

Table with 3 columns: Senior members working as (Regularly scheduled, Sponsored, Occasional), NUMBER, and *DVA Certified HOURS. Includes a TOTAL row and a row for NEW VA volunteers.

2. List Unit Projects and Value of each:
_____ \$ _____
_____ \$ _____
Total.....\$ _____

3. Cash Donations (Ex.: 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.

*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