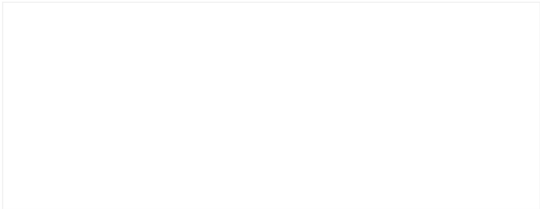


DAVA JUNIOR AWARD QUESTIONNAIRE

Directions: Please read carefully

- 1) Do **NOT** send this form if you do not have a candidate.
- 2) Form must be completed by Chairman or Commander.
- 3) Chairman or Commander **shall** write and attach a brief synopsis relating their knowledge of candidate's abilities or activities.
- 4) Fill out in triplicate. Keep one copy for unit files.
Send two copies to address listed at right:
- 5) Questionnaire must be postmarked by: _____
- 6) A resume in the candidate's **own handwriting** MUST accompany this form.
- 7) A unit does not have to have a junior charter to nominate a candidate for any of the Junior Awards.



A total of three awards will be given. Please place a checkmark by the age group of the candidate.

Outstanding Junior Award (Ages 7 - 10) Outstanding Junior Award (Ages 11 - 14) Outstanding Junior Award (Ages 15 - 17)

**** PLEASE NOTE THAT NO JUNIOR IS ELIGIBLE TO WIN THE SAME TITLE TWICE ****

PLEASE PRINT

Candidate's Name _____ Birth Date _____
Address _____ City _____ State _____ Zip _____
Member of Unit (Name and Number) _____ State _____
Number of years as an active DAVA member _____

List total volunteer hours for the CURRENT MEMBERSHIP YEAR ONLY for the following:

VA Medical Center	_____	Chapter/Unit Activities	_____
Hospital/Nursing Home	_____	Veterans Day	_____
Community Service	_____	School/Church	_____
Forget-Me-Not Drive	_____	Miscellaneous	_____
Americanism	_____		

NOTE: Participation in the above categories should be fully explained and verified on the candidate's attached resume. Please use that resume to list all other activities (Ex.: Scouts, 4-H, etc.) and hours for 2019-2020 only. Additional snapshots may be submitted.

Candidate's Signature _____ Parent/Guardian Signature _____
Commander and/or Chairman's Signature _____