

**DAVA JUNIOR AWARD QUESTIONNAIRE  
2024-2025**

**Directions: Please read carefully**

- 1) Form must be completed by a DAV or DAV Auxiliary member 18 years of age or older. A brief synopsis relating their knowledge of candidate's abilities or activities must be included.
- 2) Fill out in triplicate. Keep one copy for unit files.  
Send two copies to address listed at right:
- 3) Questionnaire must be postmarked by: \_\_\_\_\_

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)

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Outstanding Junior Award  
(Ages 11 - 14)

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Outstanding Junior Award  
(Ages 15 - 17)

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**PLEASE PRINT**

Candidate's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Auxiliary Name and Unit Number \_\_\_\_\_ State \_\_\_\_\_

Number of years as a DAVA Junior member \_\_\_\_\_

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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 in the synopsis submitted by the nominator. All hours are for the 2024-2025 year only. Parent/guardian signature required for consideration.

Nominator \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_