

V.A.V.S. REPORT 2024-2025

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 _____

*DVA Certified

1. **Certified VA Volunteer Hours for this year ONLY. (Volunteers must have completed orientation and all VA required paperwork. Below information can be obtained from Voluntary Services Program Manager.)**
- | | <u>NUMBER</u> | <u>HOURS</u> |
|--|---------------|--------------|
|--|---------------|--------------|

Regularly scheduled (R/S) volunteers _____

Sponsored volunteers _____

Occasional volunteers (non R/S) _____

TOTAL _____

Number of NEW VA volunteers that were recruited this year _____

2. List and explain Unit Projects/Values and monetary donations. One project per line. All lines must be itemized.

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total (all lines)		\$ _____

If additional room is needed, use reverse side or add additional sheets.

3. 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:

***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