



FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

LOCAL VETERANS ASSISTANCE PROGRAM

USER MANUAL

Disabled American Veterans
Local Veterans Assistance Program

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OBJECTIVES OF THIS USER MANUAL

After reading and using this manual, you will be able to:

- Break down the LVAP categories
- Complete LVAP New Volunteer form (Form 21)
- Complete LVAP Report form (Form 60)
- Send forms to DAV National Headquarters



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ABOUT THE LOCAL VETERANS ASSISTANCE PROGRAM

- LVAP was established in 2007 to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, profession abilities and time in ways the benefit veterans residing within their local communities
- The program empowers individuals to find and develop new and unique ways to support veterans and their families by providing resources, assistance or help with everyday needs
- LVAP initiatives are carried out through Departments, Chapters, Auxiliary Units, associated organizations, corporations and individuals
- Since inception of the DAV's Local Veterans Assistance Program (LVAP), 10,383 volunteers have donated over 4,150,328 hours to veterans residing in their local communities
- DAV is required to report volunteer hours to Congress, watchdog groups, Members and Donors
- LVAP Volunteers can Dedicate their time in the Following ways
 - Chapter and Department Service Officer work
 - DAV Specific outreach efforts
 - Fundraising efforts
 - Direct assistance to veterans, surviving spouses, or families
- Volunteers that donate their time to DAV become eligible for the Volunteer Recognition Program



Below are the different categories for LVAP:

DSO/CSO Work	Fundraising Efforts	Outreach Events	Veterans Assistance
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Below are the descriptions/examples for each category:

DSO work: Claims/Benefits Assistance

CSO Work: Claims/Benefits Assistance

Non-paid hours ONLY

Volunteer must be certified through the Service office in Washington DC in order to report hours.

Fundraising efforts:

The main focus of the activity or event is to collect funds to support DAV.

- Forget-me-knot drives
- Golden Corral fundraiser
- Other approved fundraisers

Outreach Events:

The main focus of the event is to promote DAV and its services to the public

- 5K walks/races
- National Guard mobilizations and demobilizations
- Parades
- Honor Guard

Veterans Assistance:


If the volunteer activity does not directly fall into another category, this would be the place to report as long as you are helping veterans/veterans family

Volunteers provide a wide array of services to help meet the unique or special needs of veterans and their families

- yard work or gardening
- home repairs and painting
- grocery shopping or running errands
- Homeless Veterans Stand Downs
- Cooking and serving dinner at Fisher Houses, etc.
- Helping a veterans family/ family member



LVAP VOLUNTEER INFORMATION FORM (FORM 21)



Local Veterans Assistance Program
Volunteer Form

1. Chapter Name _____ 2. State _____

3. Last Name _____ First _____ Middle _____

4. Current Address _____ 5. Birthdate _____

6. City _____ 7. State _____ 8. ZIP Code _____

9. Home Phone Number _____ 10. Cell Number _____

11. Email Address _____

Please Check One

12. Youth 13. Veteran 14. Immediate Family Member of Veteran

15. Aux Member 16. DAV Member 17. Professional _____

18. Other _____

INSTRUCTIONS

NOTE: Complete information is important to ensure your records are updated correctly.

Item 1 Name of the Chapter where you volunteer (if applicable).

Item 2 State where it is located.

Items 3 thru 11 Provide full name, current address, birthdate, your home phone number with area code (if applicable), cell phone number and email address.

Item 12 thru 18 Check the Box indicating your status.

LVAP 21

1. New Volunteer LVAP 21

- 1.1** Item 1 Name of the Chapter where you volunteer (if applicable)
- Item 2 State where the chapter is located
- Item 3 thru 11 Provide full name, current address, birthdate, your home phone number with area code (if applicable), cellphone number and email address
- Item 12 thru 18 Check the box indicating if you are a youth, veteran, immediate family of Veteran, auxiliary member, DAV Member, Professional or other



2. SAMPLE LVAP 21

<p style="margin: 0;">Local Veterans Assistance Program Volunteer Form</p>	
<p>Memorial Chapter 01</p>	<p>Kentucky</p>
<p>1. Chapter Name</p>	<p>2. State</p>
<p>Volunteer Veteran V</p>	
<p>3. Last Name First Middle</p> <p>3725 Alexandria Pike</p>	<p>5. Birthdate</p> <p>01/01/1901</p>
<p>4. Current Address</p> <p>Cold Spring KY</p>	<p>8. ZIP Code</p> <p>41076</p>
<p>6. City 7. State</p> <p>(123) 456-7890 (123) 456-7890</p>	<p>10. Cell Number</p>
<p>9. Home Phone Number</p> <p>Volunteerforveterans.org</p>	<p>11. Email Address</p>

Please Check One

- | | | |
|--|---|---|
| 12. <input type="checkbox"/> Youth | 13. <input checked="" type="checkbox"/> Veteran | 14. <input type="checkbox"/> Immediate Family Member of Veteran |
| 15. <input type="checkbox"/> Aux Member | 16. <input type="checkbox"/> DAV Member | 17. <input type="checkbox"/> Professional _____ |
| 18. <input type="checkbox"/> Other _____ | | |

INSTRUCTIONS

NOTE: Complete information is important to ensure your records are updated correctly.

- Item 1 Name of the Chapter where you volunteer (if applicable).
- Item 2 State where it is located.
- Items 3 thru 11 Provide full name, current address, birthdate, your home phone number with area code (if applicable), cell phone number and email address.
- Item 12 thru 18 Check the Box indicating your status.

LVAP 21



2. SAMPLE LVAP 60



Local Veterans Assistance Program
Monthly Report Form

Department LVAP Monthly Report for November / 2017
 1. Month / Year
Memorial Chapter 01 / KY
 2. Chapter Name (if applicable) / 3. State

4. Volunteer Name	5. Date of Birth	6. DSO Work	7. CSO Work	8. Forget me Not (Fundraising)	9. DAV Outreach	10. LVAP (Veterans Assistance)
Volunteer, Veteran	01/01/01	10		12	10	
Volunteer, Veteran JR	01/01/01		20	48		76
TOTAL		10	20	60	10	76

LVAP MONTHLY REPORT INSTRUCTIONS

- Item 1 Indicate the month and year of this report. One form should be used for each month being reported.
- Item 2 and 3 Name of the chapter (if applicable), and the state it is located in.
- Item 4 Volunteers full name.
- Item 5 Volunteers date of birth
- Items 6 thru 10 Report the volunteer's hours for DSO work and CSO work, Forget Me Not (any fundraising efforts), DAV Outreach and LVAP (any kind of veteran assistance that doesn't fall into one of the categories).
- Item 11 Grand total of each category.

LVAP 60



WHERE TO SEND VOLUNTEER HOURS

- **Some DAV Departments may require the LVAP Reports sent to them, Chapters please check with your DAV Department's**

- **Volunteer hours should be reported to DAV National Headquarters**

Fax – (859) 442-2088

Email- vavs@dav.org

Mail- Voluntary Services

3725 Alexandria Pike

Cold Spring, KY 41076

Phone- (859) 441-7300 ext. 1313

(877) 426-2838 ext. 1313