

# DAV TRANSPORTATION NETWORK (DAV TN) USER MANUAL

**Disabled American Veterans** 

VA Voluntary Services Program

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# **OBJECTIVES OF THIS USER MANUAL**

The goals of this user manual are as follows:

- To provide instruction regarding DAV Hospital Service Coordinator (HSC) positions including:
  - How to appoint a DAV Hospital Service Coordinator
  - o How to remove a DAV Hospital Service Coordinator
- To provide instruction on using the Monthly Reporting Form 50 VAVS including:
  - Reporting DAV TN information for a new volunteer
  - Reporting DAV TN information for existing volunteers
  - Updating volunteer personal information
  - Sending DAV TN hours to DAV National Headquarters
- To provide instruction for removing a volunteer due to:
  - Move to another state/city
  - Suspension of volunteer duties
  - o Death

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# ABOUT THE DAV TRANSPORTATION NETWORK PROGRAM

In 1987, a government program that provided travel reimbursement for ill and injured veterans was discontinued. Recognizing that many veterans would be left without care, DAV and its Auxiliary took on a new challenge and created the DAV Transportation Network.

DAV Hospital Service Coordinators at VA facilities carry out DAV Transportation Network initiatives across the country. Volunteers can choose to donate their time to the DAV or the DAV Auxiliary.

Through this program, DAV volunteers provide free rides for our Nation's heroes who are receiving medical care at VA facilities nationwide. In 2020 alone, DAV volunteers transported 243,014 veterans almost 10 million miles.

Since 1987, DAV and The Ford Motor Company have donated 3,797 vehicles at a cost of almost \$89 million. These generous donations ensure that ill and injured veterans can receive the care they need now, and in the future.

DAV is required to report volunteer hours to Congress, watchdog groups, members and donors

Volunteers that donate their time to DAV become eligible for the Volunteer Recognition Program

# DAV TN JOB DESCRIPTIONS AND DEFINITIONS

Please choose the appropriate type of hour from the drop down provided. A brief description of the various types is provided below:

DAV Transportation - These are any hours volunteered, miles driven and veterans transported in a driver capacity that are being credited to the DAV, or the DAV Auxiliary.

Non-DAV Transportation - These are any miles driven and veterans transported in a driver capacity that are being credited to any organization other than the DAV, or the DAV Auxiliary.

Hospital Service Coordinator - These are any hours worked by an official DAV Hospital Service Coordinator (HSC). These hours should be reported whether the HSC is working in a paid, or non-paid position.

Transportation: Non-Driver - These are any hours volunteered helping the DAV Transportation Network in a non-driver capacity that are being credited to the DAV, or the DAV Auxiliary. This would include any office hours volunteered by someone who is not performing in an official HSC capacity.

# Sample Monthly Reporting Form 40 – HSC

|            |            |             |                         |  |      |       |     | 1     |         |               |          |                  |  |       | P     | Q         |
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| nber       |            |             |                         |  |      |       |     |       |         |               |          |                  |  |       |       | Vets      |
| oplicable) | First Name | Middle Name | Last Name               | Address Line 1   | City | State | Zip | Email | Phone   | Date Of Birth | Location | Date Volunteered | Job Description  | Hours | Miles | Transport |
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| > N        |            |             | n Codes Job Description | is 🕀   |      |       |     |       | 1       |               |          |                  |  |       |       |           |

This is an example of the Monthly Timesheet. You will use this timesheet to report any hours volunteered through the DAV Transportation Network Program.

You can find the blank form on the DAV Members Only Portal – here

If you would like the form populated with your facility's active volunteers, please contact <u>vavs@dav.org</u> to request this form.

### Instructions for the Monthly Reporting Form 40 – HSC

(These instructions are also included on the Instructions worksheet in the monthly reporting workbook.)

# **Reporting Hours for New Volunteers:**

| A           | B          | L L         | D                       | t              | r r  | 6     |     | 1     | ,     | K             | L .      | M                | N               | 0     | P     | Q       |
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| mber        |            |             |                         |                |      |       |     |       |       |               |          |                  |                 |       |       | Vets    |
| Applicable) | First Name | Middle Name | Last Name               | Address Line 1 | City | State | Zip | Email | Phone | Date Of Birth | Location | Date Volunteered | Job Description | Hours | Miles | Transpo |
|             |            |             |                         |                |      |       |     |       |       |               |          |                  |                 |       |       |         |
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| > N         |            |             | on Codes Job Descriptio | ns 🕂           |      |       |     |       | 1 4   |               |          |                  |                 |       |       |         |

1. Go to the Monthly Timesheet worksheet in the Monthly Reporting Form 40 – HSC Excel workbook.

|                   | D                               | <b>C</b>                             | đ  |
|-------------------|---------------------------------|--------------------------------------|--|
| <u>Membership</u> |                                 |                                      |  |
| Number            |                                 |                                      |  |
| If Applicable)    | <u>First Name</u>               | Middle Name                          | Last Name  |
|                   | <b>\$</b>                       |                                      |  |
|                   |                                 |                                      |  |
|                   |                                 |                                      |  |
|                   |                                 |                                      |  |
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|                   |                                 |                                      |  |
|                   |                                 |                                      |  |
|                   |                                 |                                      | •  |
|                   | <u>lumber</u><br>If Applicable) | Iumber_<br>If Applicable) First Name | Iumber       Middle Name         If Applicable)       First Name       Middle Name         →       →       →         →       → |

- 2. You will need to fill out the following information on any volunteers: If you already have volunteer information populated on the form, you can simply add any new volunteer information to the first blank line of the form. Please indicate new volunteers using red font.
  - a. Membership Number (If Applicable) Not Required IF the membership number is provided, you do not have to provide address information for the volunteer. If no membership number is available, you must provide address, city, state and zip code information as outlined below.
  - b. First Name Required

The name is required for every volunteer for whom hours are reported. This is an essential field, because without a name we are not able to properly credit the volunteer for their hours. If this field is blank, it will result in the failure of data being uploaded into the system.

- c. Middle Name Not Required This information is not required, but is helpful in determining if the proper volunteer is receiving credit for the hours.
- d. Last Name Required

The name is required for every volunteer for whom hours are reported. This is an essential field, because without a name we are not able to properly credit the volunteer for their hours. If this field is blank, it will result in the failure of data being uploaded into the system.

|   | 6  |             | 0   | • | g            | b   | <u>*</u>  |
|---|--|-------------|-----|---|--------------|-----|-----------|
|   |  |             |     |   |              |     |           |
| 1 | Address Line 1   | <u>City</u> |     |   | <u>State</u> | Zip | <u>Eı</u> |
| 2 |  |             |     |   |              |     |           |
| 3 |  |             |     |   |              |     |           |
| 4 |  |             |     |   |              |     |           |
| 5 |  |             |     |   |              |     |           |
| 6 |  |             |     |   |              |     |           |
| 7 |  |             |     |   |              |     |           |
|   | Monthly Timesheet Instructions Location Codes Job Descriptions |             | : 4 |   |              |     | w<br>b    |

e. Address Line 1 – Required

The address is now required for every volunteer for whom hours are reported. This is an essential field, because without it we are not able to properly credit the volunteer for their hours. If this field is blank, it will result in volunteer hours being added to the department or chapter rather than the individual. There is no way to credit this to an individual later.

f. City-Required

The address is now required for every volunteer for whom hours are reported. This is an essential field, because without it we are not able to properly credit the volunteer for their hours.

g. State – Required

The address is now required for every volunteer for whom hours are reported. This is an essential field, because without it we are not able to properly credit the volunteer for their hours.

 h. Zip – Required (Please enter the zip code without the +4 of the postal code) The address is now required for every volunteer for whom hours are reported. This is an essential field, because without it we are not able to properly credit the volunteer for their hours.

If your zip code has a leading zero and the entry has dropped the leading 0 please highlight column G on the worksheet and right click your mouse. From here choose Format Cells – Category: Special – Type: Zip Code – Click OK

|   | 0  | 0            | k             | 1          |
|---|--|--------------|---------------|------------|
|   |  |              |               |            |
| 1 | Email  | <u>Phone</u> | Date Of Birth | Location Y |
| 2 |  |              |               |            |
| 3 |  |              |               |            |
| 4 |  |              |               |            |
| 5 |  |              |               |            |
| 6 |  |              |               |            |
| 7 |  |              |               |            |
| 8 |  |              |               |            |
| 9 | Monthly Timesheet Instructions Location Codes Job Descriptions 🛞 |              | 4             |            |

i. Email - Not Required

This information is not required, but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if there is more than one volunteer with the same name residing at the same location.

j. Phone - Not Required

This information is not required, but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if there is more than one volunteer with the same name residing at the same location.

k. Date of Birth – Not Required

This information is not required, but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if there is more than one volunteer with the same name residing at the same location.

l. Location – Required

This is the Facility ID number. If you report hours for more than one facility you can use the same spreadsheet, just be sure to change the location field as appropriate. A complete listing of location codes is located on the Location Codes worksheet.

The location is required because without this critical information, the hours will not be reported to the correct facility.

|   | m   | n                | 0            | P            | 9           |
|---|---|------------------|--------------|--------------|-------------|
|   | Date  |                  |              |              | Vets        |
|   | Volunteered                                   | Job Description  | <u>Hours</u> | <u>Miles</u> | Transported |
| 2 |   |                  |              |              |             |
| 3 |   | \$               |              |              |             |
| 4 |   |                  |              |              |             |
| 5 |   |                  |              |              |             |
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| 9 | Monthly Timesheet Instructions Location Codes | Job Descriptions | . 4          |              |             |

m. Date Volunteered – Required

Please report the volunteer's hours as a bulk total for the month by entering the ending date for the month in which the hours were volunteered. Ex. If the volunteer helped each Friday in January for 5 hours, their 25 hours would be reported with a date volunteered of 1/31/2020.

n. Job Description – Required

Please choose the appropriate type of hour from the drop down provided. A brief description of the various types are provided above, as well as on the Instructions worksheet in the monthly reporting workbook.

The job description is required because without this critical information, the hours will not be reported as the correct type. If this field is blank, it will result in the failure of data being uploaded into the system.

- o. Hours Required This is the number of hours the volunteer should receive credit for, as a monthly total.
- p. Miles Required
   This is the number of miles the volunteer has driven, as a monthly total.
- q. Veterans Transported Required This is the number of veterans the volunteer provided rides for, as a monthly total.

Please indicate new volunteers using red font.

# **Reporting Hours for Existing Volunteers**

| A                                     | В               | C                    | D          | E              | F    | 6     | н   | 1     | 1     | K             | L        | M                | N               | 0     | P     | Q                 |
|---------------------------------------|-----------------|----------------------|------------|----------------|------|-------|-----|-------|-------|---------------|----------|------------------|-----------------|-------|-------|-------------------|
| lembership<br>umber_<br>( Applicable) | First Name      | Middle Name          | Last Name  | Address Line 1 | City | State | 11- | Email | Phone | Date Of Birth | Lacation | Date Volunteered | Int December    | Hours | Miles | Vets<br>Transport |
| Applicable                            | IF ITSC IVA THE | middle Name          | Last reams | Address Line 1 | LITY | 21810 | 210 | cman  | enone | Date of birth | Location | Date volunteered | 100 Description | nours | MIRCA | Transpor          |
|                                       |                 |                      |            |                |      |       |     |       |       |               |          |                  |                 |       |       |                   |
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| ) F                                   |                 | Instructions Locatio |            | ns 🕀           |      |       |     |       | 1     |               |          |                  |                 |       |       |                   |

1. Go to the Monthly Timesheet worksheet in the Monthly Reporting Form 40 – HSC Excel workbook.

|   | <b>a</b>                                    | 6                         | C            | d            | e                  | R |
|---|---|---------------------------|--------------|--------------|--------------------|---|
|   | Date_                                       |                           |              |              | <u>Vets</u>        |   |
| 1 | Volunteered                                 | Job Description           | <u>Hours</u> | <u>Miles</u> | <b>Transported</b> |   |
| 2 |   |                           |              |              |                    |   |
| 3 |   | ¢                         |              |              |                    |   |
| 4 |   |                           |              |              |                    |   |
| 5 |   |                           |              |              |                    |   |
| 6 |   |                           |              |              |                    |   |
| 7 |   |                           |              |              |                    |   |
| 8 |   |                           |              |              |                    |   |
| 9 |   |                           |              |              |                    |   |
|   | Monthly Timesheet Instructions Location Cod | es   Job Descriptions   🛞 | : 4          |              |                    | Þ |

- 2. For existing volunteers, you can leave their membership number, personal data and location on the form from month to month and simply add the following information:
  - a. Date Volunteered Required

Please report the volunteer's hours as a bulk total for the month by entering the ending date for the month in which the hours were volunteered. Ex. If the volunteer helped each Friday in January for 5 hours, their 25 hours would be reported with a date volunteered of 1/31/2020.

b. Job Description - Required

Please choose the appropriate type of hour from the drop down provided. A brief description of the various types are provided above, as well as on the Instructions worksheet in the monthly reporting workbook.

The job description is required because without this critical information, the hours will not be reported as the correct type. If this field is blank, it will result in the failure of data being uploaded into the system.

- c. Hours Required This is the number of hours the volunteer should receive credit for on any given day, or as a monthly total.
- d. Miles Required This is the number of miles the volunteer has driven, as a monthly total.
- e. Veterans Transported Required This is the number of veterans the volunteer provided rides for, as a monthly total.

### **Changes to Volunteer Personal Information:**

| А                | В           | C                        | D              | E    | F     | G   | Н     | I     |
|------------------|-------------|--------------------------|----------------|------|-------|-----|-------|-------|
| First Name       | Middle Name | Last Name                | Address Line 1 | City | State | Zip | Email | Phone |
|                  |             |                          |                |      |       |     |       |       |
| Monthly Timeshee |             |                          |                |      |       |     |       |       |
|                  |             |                          |                |      |       |     |       |       |
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|                  |             |                          |                |      |       |     |       |       |
|                  |             | n Codes Job Descriptions |                |      | 1     |     |       |       |

1. If a volunteer makes changes to their personal data, you can simply type the new information into the existing row and column. This will overwrite the data in the worksheet and the DAV Voluntary Services team will make the change when we receive the reporting form.

Please indicate changes to personal information using red font.

# Sending Reports to DAV National Headquarters:

| File •             |               |                                 | A * * Monthly Reporting Form 40 - HSC Circinnal VAMC - September - Message (HTML)     Insert     Options Format Text Review Q Tell mit what you want to do     Description     Descr           | σ           | ×     |
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| Send               |               | Cc<br>Bcc                       |  |             |       |
|                    | Subj<br>Attai |                                 | Manathy Reparities Farm 40 - HSC Cincinnali VAMC - September 2   |             |       |
|                    |               |                                 | ned Monthly Reporting Form – 40 for the Cincinnali, OH VAMC for september 2021.  |             |       |
| Kati               |               |                                 |  |             |       |
| DAV N              | ationa        | al Headqu                       | tary Services Manager<br>unters   860 Dolwick Drive   Erlanger, KY 41018<br>1/12   Tol Fire (888) 400-6786   |             |       |
|                    |               |                                 | - 10/2   100 Fine (000) 400/4700   |             |       |
| )*4                | 920 (         | 20.                             |  |             |       |
|                    | onlin         | ne at DAV.                      |  |             |       |
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|                    |               |                                 |  |             |       |

- 1. Send the monthly report in and email to DAV Voluntary Services at <u>vavs@dav.org</u>.
  - a. Please include:
    - i. Facility State
    - ii. Facility Name
    - iii. Month for which you are reporting
    - iv. Contact information for any questions

#### **Removing Volunteer Data:**

Change of Location: If an existing volunteer informs you of a move that will take them out of your area, please do the following:

| - ⊟ t5 C ↑ ↓ \$ + =  | Volunteer Update - Message (HTML)                     | æ σ × |
|--|---|-------|
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| From - KDeshler@dav.org  |   |       |
| Send To  |   |       |
| Cc   |   |       |
| Brc  |   |       |
| Subject Volunteer Update   |   |       |
| Kati Deshler has moved from Ohio to Hawaii. Her new address is below.  |   |       |
| Katl Deshler<br>123 America Street<br>Kallus Kona, H 99725<br>Phone 123 456-7890   |   |       |
| Please let me know if you have any questions.  | I   |       |
| Thanks,<br>Kati  |   |       |
| Kati Deshler   Voluntary Services Supervisor   |   |       |
| DAV National Headquarters   860 Dolwick Drive   Erlanger, KY 41018<br>Direct Dial (859) 442-1012   Toll Free (888) 480-6786   Fax (859) 442-2088 |   |       |
| "There's nothing stronger than the heart of a volunteer" James Doolittle   |   |       |
|  |   |       |
| Donate online at DAV.org   |   |       |
| Join DAV   |   |       |
|  |   |       |
|  |   |       |
|  |   |       |
|  |   |       |

- 1. Send an email to DAV Voluntary Services at <u>vavs@dav.org</u>.
  - a. Please include:
    - i. Volunteer Name
    - ii. New Address
    - iii. New Phone
    - iv. Contact information for any questions
- 2. Open the Monthly Reporting Form 40 HSC and highlight the row that contains the volunteer's personal information, Right Click, choose Delete

Suspension of Volunteer: If an existing volunteer has been suspended from your program, please do the following:

| _⊟ <b>*</b>        | o e  | ් ි ් 💲 🔹 Volunter Suppresson - Mossape (f) MA)  |  |  | σ | × |
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| Send               |  | To Versider.org  |  |  |   |   |
|                    |  | α  |  |  |   |   |
|                    |  | Brc  |  |  |   | _ |
|                    | Subject  | ljet Volunter Supension  |  |  |   |   |
| Kati De            | shler ha   | r has been suspended from our volunteer program. Please mark her as suspended as of July 7, 2021.                  |  |  |   |   |
| 123 Am<br>Kailua-H | Kati Dishler I<br>123 America Street<br>Kalluk-Kona, H 96725<br>Phone 123-455-7890 |  |  |  |   |   |
| Please I           | let me k   | ne know if you have any questions.   |  |  |   |   |
| Thanks,<br>Kati    | Thanks,<br>Kati  |  |  |  |   |   |
| Kati De            | Kati Deshler   Voluntary Services Supervisor                                       |  |  |  |   |   |
| DAV Na<br>Direct D | ational I<br>Dial (85  | nal Headquarters [860 Dohiek Drive [Erlanger, KY 41018<br>(559) 42-2102] The Free (888) 480-576) Fax (559) 42-2089 |  |  |   |   |
| "There             | 's noth  | othing stronger than the heart of a volunteer" – James Doollitte   |  |  |   |   |
|                    |  |  |  |  |   |   |
|                    | Donate unifier at DAX up   |  |  |  |   |   |
| Join DA            | Jain DAV   |  |  |  |   |   |
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|                    |  |  |  |  |   |   |

- 1. Send an email to DAV Voluntary Services at <u>vavs@dav.org</u>.
  - a. Please include:
    - i. Volunteer Name
    - ii. Address
    - iii. Phone
    - iv. Reason for suspension
    - v. Contact information for any questions
- 2. Open the Monthly Reporting Form 40 HSC and highlight the row that contains the volunteer's personal information, Right Click, choose Delete

Death of Volunteer: If an existing volunteer has deceased, please do the following:

| E S C + & C + Death of John Doe - Message (HTML)  | Ξ σ × |  |  |  |
|---|-------|--|--|--|
| File Message Insolt Options Format Text Review 🖗 Tell me what you want to do  |       |  |  |  |
| Market       Market |       |  |  |  |
| fmr         fbcshr@dst.org           Tmr         Vendle@dst.org           Ccr         fmr   |       |  |  |  |
| Re  |       |  |  |  |
| Subject Death of John Doe   |       |  |  |  |
| John Doe passed away on July 3, 2021. Please update his record accordingly.<br>John Doe<br>455 America Street   |       |  |  |  |
| Kallua-Kona, HI 96725<br>Phone 123-456-7890   |       |  |  |  |
| Please let me know if you have any questions.   |       |  |  |  |
| Thanks,<br>Kati   |       |  |  |  |
| Kati Deshler   Voluntary Services Supervisor  |       |  |  |  |
| DAV National Headquarter   860 Dolwick Drive   Erfanger, KY 41018<br>Direct Dial (859) 442-1012   Toll Free (888) 480-6736   Fax (859) 442-2088   |       |  |  |  |
| "There's nothing stronger than the heart of a volunteer" - James Doolittle  |       |  |  |  |
|   |       |  |  |  |
| Donate online at DAV.org<br>Join DAV  |       |  |  |  |
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- 1. Send an email to DAV Voluntary Services at <u>vavs@dav.org</u>.
  - a. Please include:
    - i. Volunteer Name
    - ii. Address
    - iii. Phone
    - iv. Date of Death
    - v. Contact information for any questions
- 2. Open the Monthly Reporting Form 40 HSC and highlight the row that contains the volunteer's personal information, Right Click, choose Delete

#### **Appointment of Hospital Service Coordinators**

| E 5       | <b>5</b> 1                 | 4 2 + a New HSC - Circinnal (DH WMC - Message (HTML)  |               | - c         | x c      | ^ |
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|           | board                      | G Basic Text G Names Include Tags G Add-Ins Email X Automatic reply: Thank you for contacting DAV Voluntery Services. As measures unfold across the country to help prevent the spread of the COVID-19 vious, we are aware that this has resulted in the closure of volunteer programs across the country, including some DAV Transportation Network prog | The fi        |             | -        |   |
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|           | Bcc                        |   |               |             |          |   |
|           | Subject                    | New HSC - Cincinnati, OH VAMC   |               |             |          |   |
|           |                            |   |               |             |          |   |
|           |                            |   |               |             |          |   |
|           |                            |   |               |             |          |   |

- 1. Send an email to DAV Voluntary Services at <u>vavs@dav.org</u>.
  - a. Please include:
    - i. Facility Name
    - ii. HSC Name
    - iii. Start Date
    - iv. HSC Address
    - v. HSC Phone Number
    - vi. HSC Email
    - vii. Membership Number of HSC (if applicable)
    - viii. Whether the HSC is Paid or Unpaid
    - ix. Your contact information for any questions

# **Removal of Hospital Service Coordinators**

| _ <b>⊟</b> *5  | U 🕆   | Removal of HSC - Cincinnal, OH WMAC - Message (HDM)   |   | - o | × |  |
|--|---|---|---|-----|---|--|
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| 36 Voluntary Service X: Automatic reply. Thank you for contacting DAV Voluntary Services. As measures unfold across the country, to holp prevent the spread of the COVD-19 viors, we are avere that this has resulted in the closure of volunteer programs across the country, including some DAV Tamportation Network programs. The first priority of the D |   |   |   |     |   |  |
|  | From *  | KDether@dav.org   |   |     |   |  |
| Send   | То  | Volumentary Services  |   |     |   |  |
| seriu  | Cc  |   |   |     |   |  |
|  | Bcc   |   |   |     |   |  |
|  | Subject   | Removal of HSC - Cincinnali, OH VAMC  |   |     |   |  |
| Kati Des   | hler will no  | longer be HSC for the Cincinnati, OH VAMC. Her last date worked was 9/16/2021. She is moving to Hawaii.   |   |     |   |  |
| Please l   | rt me know  | If you have any questions.  | Ι |     |   |  |
| Kati   |   |   |   |     |   |  |
|  |   |   |   |     |   |  |
| Kati De  | shler   Volu  | ntary Services Manager  |   |     |   |  |
| DAV Na<br>Direct D   | DAV National Headquarters   650 Dolwick Drive   Erlanger, KY 41018<br>Direct Dial (559) 442-1012   Tolf Tree (858) 440-6786 |   |   |     |   |  |
| "There'  | s nothing s   | tronger than the heart of a volunteer" - James Doolittle  |   |     |   |  |
|  |   |   |   |     |   |  |
|  | Renate online at DAV.org  |   |   |     |   |  |
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- 1. Send an email to DAV Voluntary Services at <u>vavs@dav.org</u>.
  - a. Please include:
    - i. Facility Name
    - ii. HSC Name
    - iii. Reason for removal
    - iv. Last date worked
    - v. Your contact information for any questions

#### **Volunteer Incentive Milestones:**

At each volunteer mile or hour milestone, the volunteer will receive a generous gift from DAV as a token of DAV's appreciation for dedicating their time to helping veterans.

| Incentive Level | Hours  | Miles   |
|-----------------|--------|---------|
| Level 1         | 1      | 1       |
| Level 2         | 50     | 2,500   |
| Level 3         | 100    | 5,000   |
| Level 4         | 150    | 7,500   |
| Level 5         | 200    | 10,000  |
| Level 6         | 250    | 15,000  |
| Level 7         | 500    | 25,000  |
| Level 8         | 750    | 35,000  |
| Level 9         | 1,000  | 50,000  |
| Level 10        | 2,000  | 75,000  |
| Level 11        | 3,000  | 100,000 |
| Level 12        | 5,000  | 150,000 |
| Level 13        | 7,500  | 175,000 |
| Level 14        | 10,000 | 200,000 |

#### **Contact Information for DAV Voluntary Services at National Headquarters:**

| Email: | vavs@dav.org  |
|--------|---|
| Mail:  | Voluntary Services<br>860 Dolwick Drive<br>Erlanger, KY 41018 |
| Phone: | (859) 441-7300 ext. 1313                                      |

Toll Free: (877) 426-2838 ext. 1313