



# **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
  - 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
  - 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

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## 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

[illegible]

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 [yavs@dav.org](mailto:yavs@dav.org) to request this form.

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

[illegible]

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



	a	b	c	d
	<u>Membership Number</u> (If Applicable)	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Monthly Timesheet | Instructions | Location Codes | Job Descriptions

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.

	e	f	g	h	
1	<u>Address Line 1</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>En</u>
2					
3					
4					
5					
6					
7					
8					
Monthly Timesheet   Instructions   Location Codes   Job Descriptions					

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

	i	j	k	l
1	<u>Email</u>	<u>Phone</u>	<u>Date Of Birth</u>	<u>Location</u>
2				
3				
4				
5				
6				
7				
8				
9				

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	o	p	q
	<u>Date</u>				<u>Vets</u>
1	<u>Volunteered</u>	<u>Job Description</u>	<u>Hours</u>	<u>Miles</u>	<u>Transported</u>
2					
3					
4					
5					
6					
7					
8					
9					

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

[illegible]

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

	a	b	c	d	e	R
	<u>Date</u>				<u>Vets</u>	
1	<u>Volunteered</u>	<u>Job Description</u>	<u>Hours</u>	<u>Miles</u>	<u>Transported</u>	
2						
3						
4						
5						
6						
7						
8						
9						

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.

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## Changes to Volunteer Personal Information:

	A	B	C	D	E	F	G	H	I
1	First Name	Middle Name	Last Name	Address Line 1	City	State	Zip	Email	Phone
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									

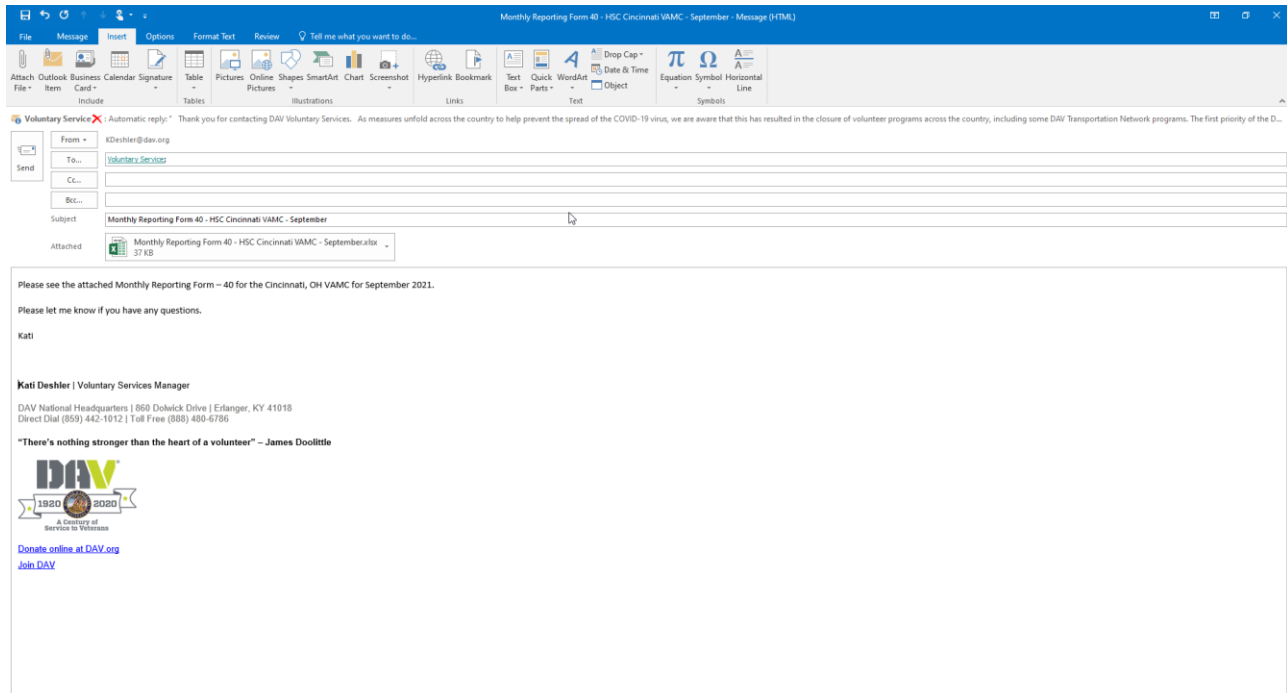
Monthly Timesheet | Instructions | Location Codes | Job Descriptions | +

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.

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## Sending Reports to DAV National Headquarters:



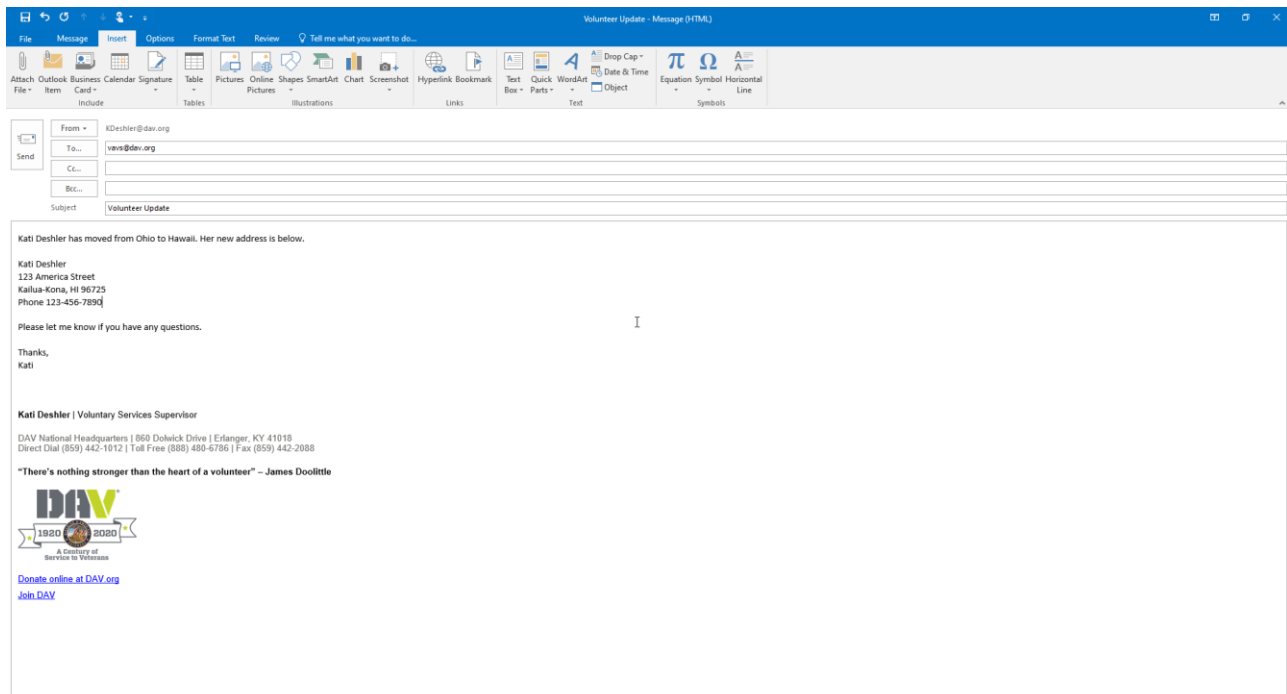
1. Send the monthly report in and email to DAV Voluntary Services at [vavs@dav.org](mailto:vavs@dav.org).
  - a. Please include:
    - i. Facility State
    - ii. Facility Name
    - iii. Month for which you are reporting
    - iv. Contact information for any questions



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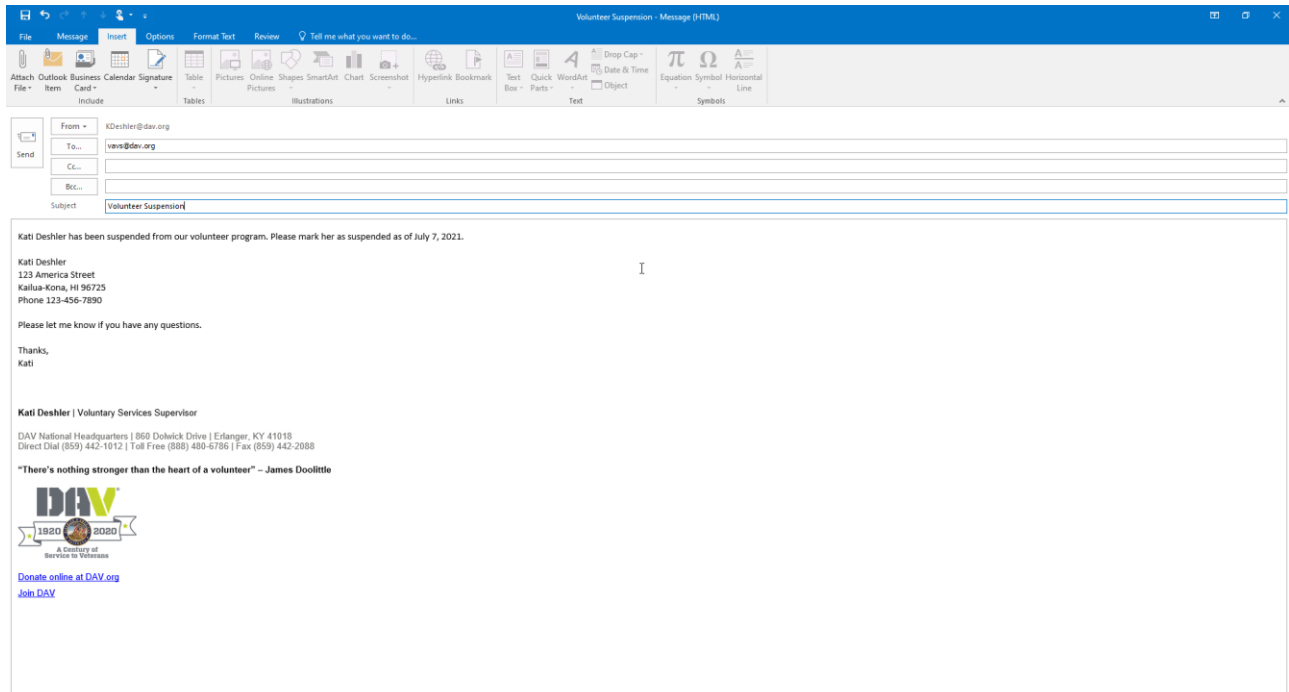
## Removing Volunteer Data:

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



1. Send an email to DAV Voluntary Services at [vavs@dav.org](mailto:vavs@dav.org).
  - 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

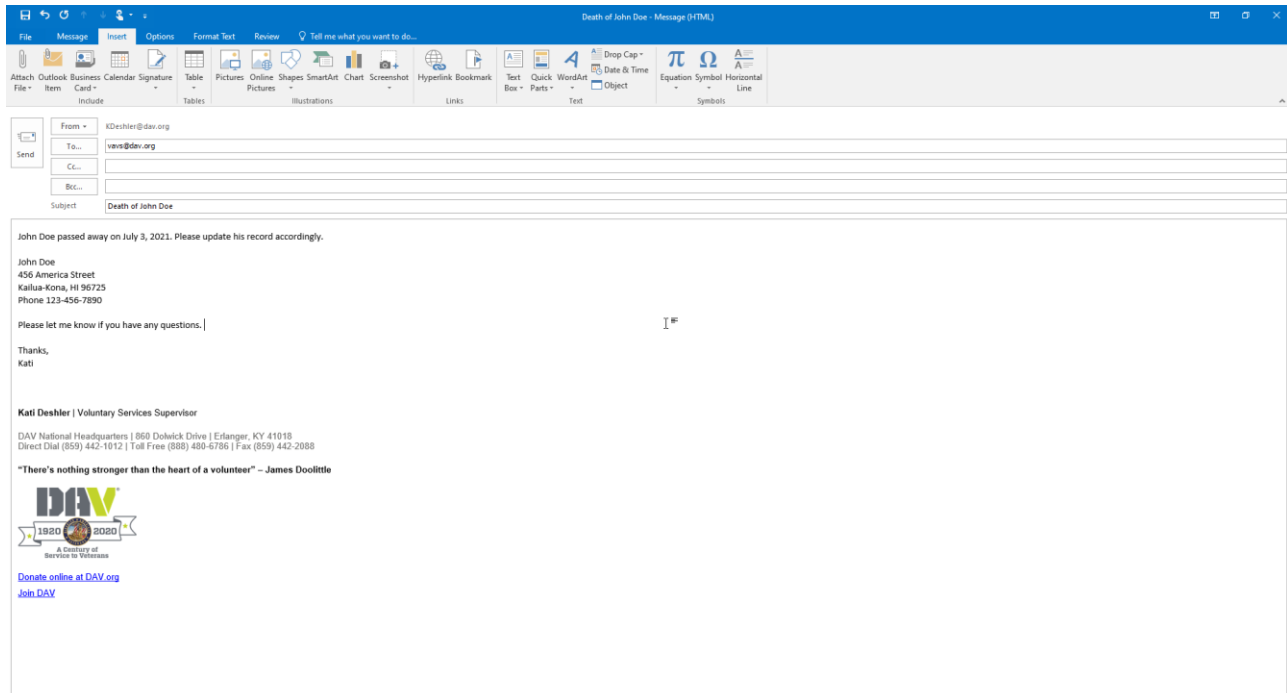
Suspension of Volunteer: If an existing volunteer has been suspended from your program, please do the following:



1. Send an email to DAV Voluntary Services at [vavs@dav.org](mailto:vavs@dav.org).
  - 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

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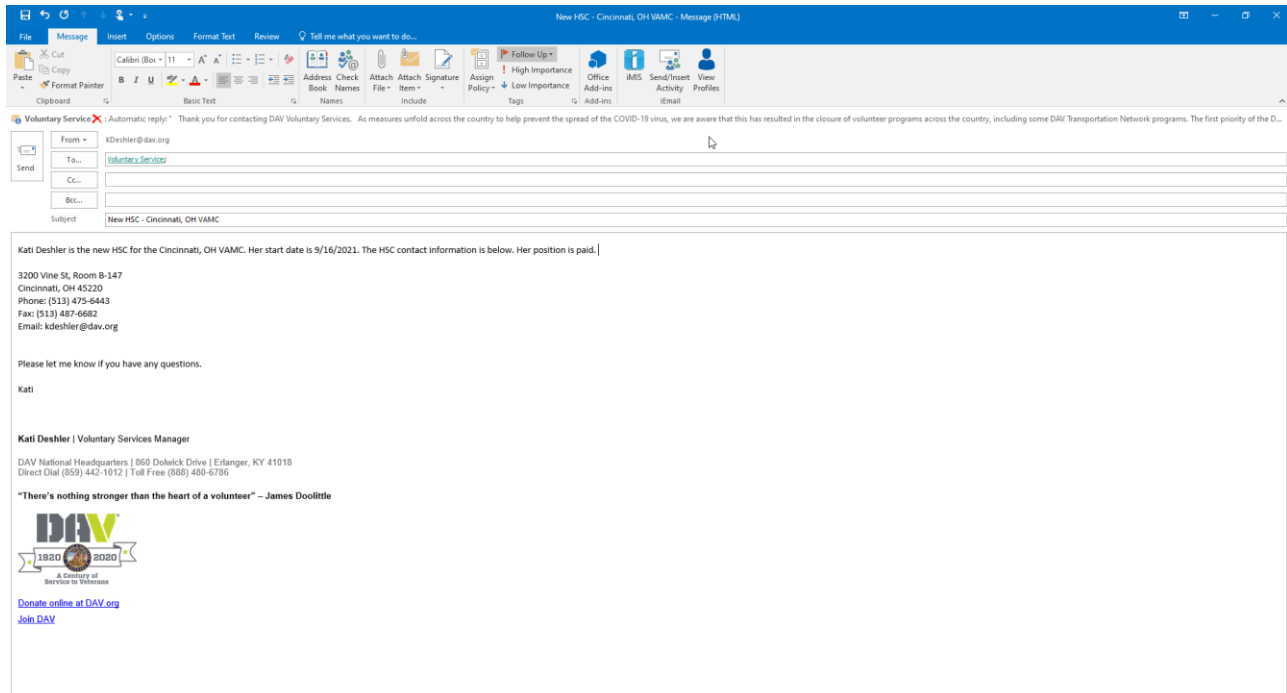
Death of Volunteer: If an existing volunteer has deceased, please do the following:



1. Send an email to DAV Voluntary Services at [vavs@dav.org](mailto:vavs@dav.org).
  - 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

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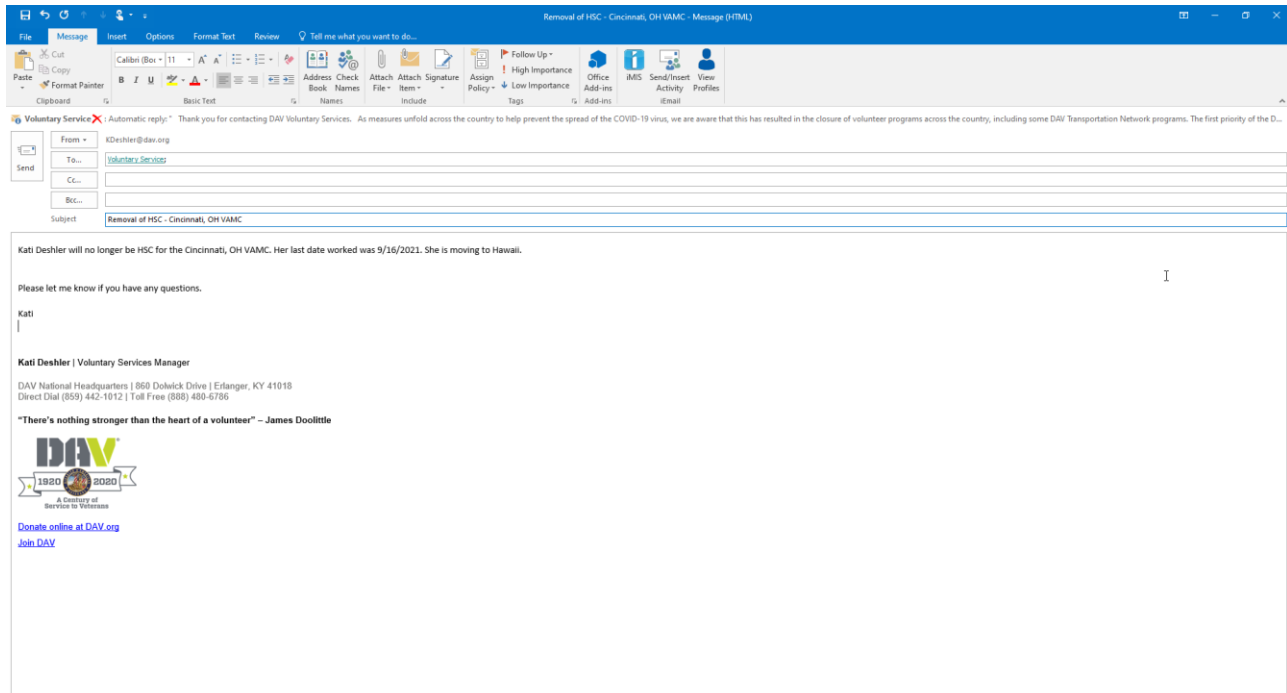
## Appointment of Hospital Service Coordinators



1. Send an email to DAV Voluntary Services at [vavs@dav.org](mailto:vavs@dav.org).
  - 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

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## Removal of Hospital Service Coordinators



1. Send an email to DAV Voluntary Services at [vavs@dav.org](mailto:vavs@dav.org).
  - a. Please include:
    - i. Facility Name
    - ii. HSC Name
    - iii. Reason for removal
    - iv. Last date worked
    - v. Your contact information for any questions

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**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.

<b><u>Incentive Level</u></b>	<b><u>Hours</u></b>	<b><u>Miles</u></b>
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

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

Email: [vavs@dav.org](mailto:vavs@dav.org)

Mail: Voluntary Services  
860 Dolwick Drive  
Erlanger, KY 41018

Phone: (859) 441-7300 ext. 1313

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