



(See back for instructions)

MARK APPROPRIATE SELECTION: [ ] New Volunteer [ ] Change of Information [ ] Deceased

1. Hospital Assigned To 2. State 3. Facility Number
4. Last Name First Middle 5. Last 4 digits of Social Security No.
6. Current Address 7. Birthdate
8. City 9. State 10. ZIP Code
11. Home Phone Number 12. Cell Number 13. Email Address

CHECK MEMBERSHIP STATUS AND PROVIDE CORRESPONDING INFORMATION
NOTE: You do not have to be a DAV or Auxiliary member to credit your hours to DAV.

14. [ ] DAV Member 15. [ ] Auxiliary Member 16. DAV or Auxiliary Membership Code Number

17. [ ] Non-DAV Member

PLEASE CHECK ONE

18. [ ] Volunteer 19. [ ] State Chairman 20. [ ] Representative 21. [ ] Deputy Representative
22. [ ] Associate Representative 23. [ ] Deputy Associate Representative 24. [ ] Honorary Representative

THIS SECTION TO BE CERTIFIED BY VAVS PROGRAM MANAGER

25. V.A.V.S. Certified Lifetime Hour Total (if updating previous information) 26. Through Month Year
27. Certified by V.A.V.S. Program Manager 28. Date

THIS SECTION TO BE CERTIFIED BY HOSPITAL SERVICE COORDINATOR (HSC)

29. Lifetime Miles/Hours/Veterans Transported (if updating previous VTN information) Miles Hours # of Vets 30. Through Month Year
31. Certified by Hospital Service Coordinator 32. Date

33. Signature of Volunteer 34. Date

## INSTRUCTIONS

- Items 1 thru 3 Name of the VA Facility where you Volunteer.  
State where it is located.  
Facility number (also known as station number). This can be obtained from your Program Manager or VAVS Representative.
- Items 4 thru 13 Provide your full name, last four digits of SSN, current address, birthdate, your home phone number with area code, cell phone number and email address.
- Item 14 Check this box if you are a member of DAV.
- Item 15 Check this box if you are a member of the DAV Auxiliary.
- Item 16 If a DAV or Auxiliary Member, provide correct membership code number.
- Item 17 If you are not a DAV or Auxiliary Member, please check this box.
- Items 18 thru 24 Check the box indicating your status.
- Items 25 thru 28 After your DAV-VAVS Representative has received your completed form, only the VAVS Program Manager will complete lines 25-28.
- Items 29 thru 32 Must be completed by the Hospital Service Coordinator (HSC) who reports your transportation activities.
- Items 33 thru 34 The volunteer's signature and date.