VOLUNTARY SERVICES SEMINAR

THE IMPORTANCE OF DAV RESOURCES AND MATERIALS
VOLUNTEER FOR VETERANS

Making it easier than ever to support those who’ve served and their families. Promote and find opportunities to make a difference here.

SIGN UP  VIEW OPPORTUNITIES  LEARN MORE
Local Veterans Assistance Program

TEAMWORK IS THE KEY TO SUCCESS
2018 TOP 5 LVAP DEPARTMENTS

DIVISION 1: VIRGINIA

DIVISION 2: OKLAHOMA

DIVISION 3: WISCONSIN

DIVISION 4: NEBRASKA

DIVISION 5: SOUTH DAKOTA
Adaptive Sports

NATIONAL DISABLED VETERANS
25 YEARS
TEE TOURNAMENT

A GOLF TOURNAMENT for VETERANS with VARYING DISABILITIES

www.tee.va.gov
### VAVS SUMMARY OF ANNUAL JOINT REVIEW

<table>
<thead>
<tr>
<th>Name of Facility / Station Number / Address</th>
<th>Name of Organization</th>
<th>Date of Review</th>
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<tbody>
<tr>
<td></td>
<td>THIS YEAR</td>
<td>LAST YEAR</td>
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<td>10/11/17 - 9/30/18</td>
<td>10/11/16 - 9/30/17</td>
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#### I. STATISTICS (From Representative)

- 1. Number of R.S. Volunteers
- 2. Number of R.S. Volunteer Hours
- 3. Number of Occasional Volunteer Hours
- 4. Number of Full Volunteer Hours
- 5. Number of Youth Volunteers
- 6. Number of Transitional Volunteers
- 7. Number of Adult Volunteers
- 8. Number of New R.S. Volunteer Assignments
- 9. Total Monetary Donations
- 10. Total Estimated Value of Non-Monetary Donations
- 11. Number of Units Volunteering
- 12. Estimated Number of Local Organizational Units Within VAMC Area
- 13. Estimated Total Membership
- 14. Number of Units Contacted

#### II. ANNUAL REVIEW (From Representative)

- A. Quality of VA Staff Supervision (Not VAVS)
- B. Quality of Voluntary Service Support
- C. Quality of Organization Support

#### III. GOALS AND OBJECTIVES (Evaluate last year’s progress; Set next year’s goals)

(From Representative and Chief)

New Goals:

#### IV. COMMENTS: Concerns/Extra Efforts/Retention/Fundraising Activities/Special Events/Media Use/ Volunteer Assignments/Recruitment (From Representative and Chief)

VAVS Representative

Chief, Voluntary Service

(Attach additional pages if needed)
Volunteer Information Form

(See back for instructions)

1. Hospital Assigned To ____________________________ 2. State ____________________________ 3. Facility Number ____________________________

4. Last Name ____________________________ First ____________________________ Middle ____________________________

5. Current Address ____________________________ 6. Birthday ____________________________


10. Home Phone Number ____________________________ 11. Cell Number ____________________________ 12. Email Address ____________________________

CHECK MEMBERSHIP STATUS AND PROVIDE CORRESPONDING INFORMATION

13. □ DAV / Auxiliary Member ____________________________ 14. Membership Code Number ____________________________

15. □ Non-DAV Member ____________________________

PLEASE CHECK ONE


20. □ Associate Representative 21. □ Deputy Associate Representative 22. □ Honorary Representative

THIS SECTION TO BE CERTIFIED BY VAVS PROGRAM MANAGER

23. V.A.V.S. Certified Lifetime Hour Total ____________________________ (If updating previous information)

24. Through ____________________________ Month ____________________________ Year ____________________________

25. Certified by V.A.V.S. Program Manager ____________________________

26. Date ____________________________

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

27. Lifetime Miles/Hours/Veterans Transported ____________________________ (If updating previous VTN information)

28. Through ____________________________ Month ____________________________ Year ____________________________

29. Certified by Hospital Service Coordinator ____________________________

30. Date ____________________________

31. Signature of Volunteer ____________________________

32. Date ____________________________

V.A.V.S. 20
# VAVS Monthly Reporting Form

**DAV or DAV Auxiliary Department:**

**VA Facility Name:**

**Facility Address:**

**Point of Contact:**

**Point of Contact Phone:**

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<th>For Period Ending:</th>
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<tr>
<td>Please Check Box</td>
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<td>VAVS Certified Hours</td>
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<table>
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<tr>
<th>New Volunteer</th>
<th>Last Name</th>
<th>First Name</th>
<th>Volunteer</th>
<th>State Chairperson</th>
<th>Representative</th>
<th>Deputy Rep</th>
<th>Associate Rep</th>
<th>Deputy Associate Rep</th>
<th>Honorary Rep</th>
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**DAV** | **DAV Auxiliary**
Hospital Volunteering

Like all medical facilities, Department of Veterans Affairs hospitals, nursing homes and clinics need volunteers to perform a wide range of duties. Some work directly with patients, participating in recreational programs and other activities on the wards. Others assist the VA’s professional staff or escort patients, serve coffee or simply provide companionship to veteran patients.

Locate your local VA Hospital in the VA Medical Center Directory.

Say ‘Thank You’ to Veterans

No matter what your volunteer interests may be, there’s a role you’ll enjoy, and the Local Veterans Assistance Program may be just what you’re looking for. Whether it’s grocery shopping or running errands for veterans in your community, doing yard work or painting a veteran’s home, there’s a need you can help fulfill. To learn more about volunteering, contact us.

SIGN UP TO VOLUNTEER