

“FOR INFORMATION ONLY - NOT FOR JUDGING”

LADIES AUXILIARY of the FLEET RESERVE ASSOCIATION

VAVS / SVH ANNUAL REPORT

Unit Number: _____ Unit Name: _____ Region: _____

Date Submitted: _____ Year: _____ Group: _____

1. Name of VA Facility _____

2. Number of volunteers working on VAVS projects _____

3. Name of State Veterans Home _____

5. Number of volunteers working on State Veterans Homes Projects _____

6. What type of volunteer work do you do at the Medical Center/State Veterans Home?

7. Suggestions as to how to improve the VAVS Program/or SVH Programs:

8. List VAVS/SVH awards received by your members:

9. Is your Unit satisfied with relationship between volunteers and Chief of Volunteer Service?
If NO, define reasons and provide suggestions for a better relationship:

UNIT PRESIDENT SIGN

UNIT SECRETARY SIGN

VAVS/SVH REPRESENTATIVE SIGN

UNIT PRESIDENT EMAIL

UNIT SECRETARY EMAIL

VAVS/SVH REPRESENTATIVE EMAIL

MAIL ORIGINAL COPY TO THE NATIONAL VAVS REPRESENTATIVE PRIOR TO 5 JULY. KEEP ONE COPY FOR THE UNIT FILES

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