

**"FOR INFORMATION ONLY - NOT FOR JUDGING"**

**AUXILIARY of the FRA  
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?

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

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

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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:

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\_\_\_\_\_  
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**