|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Detachment | Current Membership |       | Previous Year |       |
| [ ]  | District | Current Membership |       | Previous Year |       |
| [ ]  | Squadron | Current Membership |       | Previous Year |       |

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| Squadron # |       | Address |       |

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| Is there a VAVS representative for your local VA Hospital? |       |
| If YES, how many? |       |

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| Section I - Hours |
| A) State VA Veteran Homes | Number of Hours |       |
| B) VA Medical Centers | Number of Hours |       |
|  | Total Hours (A+B) |       |
|  |  |  |
| **Section II – Field Service & Home Service** |
| A) Field Service | Number of Hours |       |
| B) Home Service | Number of Hours |       |
|  | Total Hours (A+B) |       |
|  |  |  |
| Section III – Visits to VA Homes / Medical Centers |
| A) VA Veterans Homes | Number of Visits |       |
| B) VA Medical Centers | Number of Visits |       |
|  | Total Visits (A+B) |       |
|  |  |  |
| Section IV – Types of Donations |
| A) Cash [ ]  | Dollar Amount |       |
| B) Items [ ]  | Estimated Dollar Amount |       |
|  | Total Amount (A+B) |       |

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| Section V – Description |
| Give a brief description of activities and locations (i.e. VA hospitals, veterans homes). Attach additional sheets, if necessary. |
|       |
| Section VI – District / Detachment Donations |
| Add additional money if this is a District/Detachment report. TOTAL |       |

|  |  |  |  |  |  |
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| Certified By |  | Title |       | Date |       |