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

|  |  |  |  |
| --- | --- | --- | --- |
| Squadron # |  | Address |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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) |  |

|  |  |
| --- | --- |
| 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 |  |

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