



Section I – General Data

Nominee _____ Date _____

Squadron # _____ SAL Card Number _____

Section II – Total VAVS Hours & Visits

Number of Hours Volunteered _____ Number of Visits _____

Section III – Remarks

Volunteer Activities

Location of Volunteer Performance (VA Homes & Hospitals)

General Remarks

Section IV – Certification

Submitted By _____ Title _____

Attested By _____ Title _____

Mail to: Ed Sheubrooks
Detachment Adjutant
800 S Brocksmith Rd | Ft Pierce, FL 34945

DEADLINE: MAY 16, 2022