



THIS FORM IS AVAILABLE ONLINE AS A FILLABLE PDF
Visit <https://floridasons.org/wp-content/uploads/2026/01/SQ-XXXX-VAR.pdf>

Squadron Number _____ Squadron Name _____ District _____

Address: _____, FL _____ Phone: (_____) _____

Current Volunteer Rate: \$ _____ per hour

Previous Year Membership: _____ Current Year Membership: _____

Section I - Hours

A) VA Veterans Homes: _____ B) VA Medical Centers: _____ Total Hours (A + B): _____

Section II - Field Service & Home Service

Cash Value:

A) Field Service: _____ B) Home Service: _____ Total Hours (A + B): _____

Section III - Visits to VA Homes/Med Centers

A) VA Veterans Homes:): _____ B) VA Medical Centers: _____ Total Visits (A + B): _____

Section IV - Types of Donations

A) Cash Amount: _____ B) Est Value of Items: _____ Total Amount (A + B): _____

Section V - Description

Give a brief description of activities and locations (i.e. VA hospitals, veterans' homes).

Section VI - Hour Totals Cash Value

Total Hours to VA&R (Sections I & II) × Volunteer Rate = Cash Value of VA&R Hours (Sections I & II)
hours × =

Certified By _____ Title: _____ Date: _____

Mail To: Christian Rapp, Detachment Adjutant
215 Greenwood Ave | Lehigh Acres, FL 33936

DEADLINE: MAY 15, 2027

Alternately, you may submit this report online at www.floridasons.org/report-submission