



THIS FORM IS AVAILABLE ONLINE AS A FILLABLE PDF

Visit <https://floridasons.org/wp-content/uploads/2026/01/SQ-XXXX-VAVY.pdf>

Squadron Number _____ Squadron Name _____ District _____

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

Current Volunteer Rate: \$ _____ per hour

Previous Year Membership: _____ Current Year Membership: _____

Section I – General Data

Date: _____ Nominee: _____ SAL Member ID: _____

Section II – Total VAVS Hours & Visits

Number of Hours Volunteered: _____ Number of Visits: _____ Cash Value of Volunteer Hours: \$ _____

Section III – Remarks

Volunteer Activities

Location of Volunteer Performance (VA Homes & Hospitals)

General Remarks

Section IV – Certification

Nominated 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