



**MILITARY ORDER OF THE PURPLE HEART AUXILIARY, U.S.A., INC.**

**Annual VA Volunteer Service (VAVS) Report for VA Medical Centers,  
VA State Retirement Homes, VA Outpatient Clinics and other facilities overseen by the VA**

For MOPHA Fiscal Year June 1, \_\_\_\_\_ to May 30, \_\_\_\_\_

Unit No.	Unit Name	City	State
1.	Does your Unit have a VAVS Representative? If <b>yes</b> , answer question 3 <b>and</b> complete Part I If <b>no</b> , answer questions 2, 3, 4, and return form to Nat'l VAVS Representative		_____
2.	Do Unit members volunteer at any VA facility in your area currently?		_____
3.	Did the Unit or members donate items or funds to any VA facility during this reporting period? If yes, please itemize donations (include value): _____ _____		_____
4.	Would you like further information about the MOPHA VAVS Program?		_____

**Part I—to be completed by VA Volunteer Service Representative**

5. Name of VAVS Representative: \_\_\_\_\_

6. Names of Deputy Representative(s) if applicable:  
\_\_\_\_\_

7. Did you complete your Annual Joint Review (AJR)? \_\_\_\_\_

8. Number of VAVS Committee Meetings attended in the past year: \_\_\_\_\_

9. Number of regular scheduled MOPHA volunteers: \_\_\_\_\_

10. Do you have non-unit volunteers who give their hours to MOPHA? \_\_\_\_\_

11. Do Unit members volunteer as Occasional Volunteers at VA events? \_\_\_\_\_

12. VA facilities (VAMC, State Retirement Homes, Outpatient Clinics, etc.)  
VAVS/Unit members volunteer at \_\_\_\_\_  
\_\_\_\_\_

13. Do you give a VAVS Report at your Unit meetings? \_\_\_\_\_

14. Do you keep a record of all donations made to VA facilities from your Unit/members? \_\_\_\_\_

\_\_\_\_\_  
Signed and dated by Unit President

and/or

\_\_\_\_\_  
Signed and dated by Unit VAVS Representative

Please mail report before June 30th to MOPHA National VAVS Representative:

Ann Turner  
104 Shimmer Pond Court . Madison, AL 35757  
VAVSLA10@aol.com