VAVS Representative

YEAR-END REPORT

GRAND

Mail to: Supreme VAVS Representative

Lori Nettles

2747 Mt. Baker Hwy. Bellingham, WA 98226 Report by: April 30, 2024

| Date: Grant | and: |
|---|--|
| Name of VA Medical Center: | |
| Mailing Address: | Challess you make Esperit |
| Name of Representative: | |
| Date of Annual Joint Review: | |
| Number of hours you worked this year at VA Medica | al Center for MOCA: |
| Number of VAVS meetings you attended: | the county graphs to the county actions. |
| How many volunteers did you recruit during current | year: |
| Type of programs or parties held during current year: | num) na frein inskum tre primer it solicie |
| Basis Gareing Re- | |
| | |
| Remarks: | Line Line Help G |
| | |
| Name and number of MOC Auxiliaries volunteering a | of this facility: |
| of of the standards volunteering a | at tills facility. |
| | |
| | |
| | |
| Name of person making report | Parity of the Local Parity and the Control of the C |
| rame of person making report | Title |
| Address, City, State, Zip MAIL ONLY ONE COP | E-mail |