

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: \_\_\_\_\_ Grand: \_\_\_\_\_

Name of VA Medical Center: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Date of Annual Joint Review: \_\_\_\_\_

Number of hours you worked this year at VA Medical Center for MOCA: \_\_\_\_\_

Number of VAVS meetings you attended: \_\_\_\_\_

How many volunteers did you recruit during current year: \_\_\_\_\_

Type of programs or parties held during current year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and number of MOC Auxiliaries volunteering at this facility: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person making report Title

\_\_\_\_\_  
Address, City, State, Zip E-mail

**MAIL ONLY ONE COPY!**