

VAVS REPRESENTATIVE

YEAR-END REPORT

GRAND

E-mail to: **Supreme VAVS Representative**

Report by: April 30th

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!