

# Polish Legion of American Veterans, USA

Chartered by Congress



VAVS Report for every visit.

Date \_\_\_\_\_

State \_\_\_\_\_

VA Hospital or Clinic \_\_\_\_\_

Location \_\_\_\_\_

Number of (RS) Volunteers \_\_\_\_\_

Number of (OCC) Volunteers \_\_\_\_\_

Total Number of Hours \_\_\_\_\_

\* Total Number of Miles \_\_\_\_\_

\* Donations (Cash) \$ \_\_\_\_\_

\* Donations (Material) \$ \_\_\_\_\_

\* Total Cash and Material \$ \_\_\_\_\_

VAVS Representative or Deputy \_\_\_\_\_

*\* These figures are necessary for six (6) month report to the State VAVS Chairman.*

cc. State Hospital Chairman or  
VAVS Representative \_\_\_\_\_

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VAVS Form #1 Procedure

All requests for this Form must be submitted to the National VAVS Director or National Adjutant

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The form can be downloaded from our Website [www.plav.org](http://www.plav.org) by clicking on  
Member Resources --- then VAVS Form #1.

VAVS Form #1 as specified herein must be completed by the local VAVS Representative or Deputy  
for each visit to the VA Medical Facility in their area.

The completed VAVS Form #1 must be sent to the State Department VAVS Chairman.

If there is no State Department VAVS Chairman,  
send the completed Form to the National VAVS Director.