

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

--- OR ---

The form can be downloaded from our Website 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.