V.A.V.S. & S.V.H.
Annual Consolidated Report

Report for (check one) ☐ Voiture Locale # _____ du _____ Total Membership _____

Date Prepared ___/___/___ ☐ Grande du _____ Total Menbership _____

Name of (Specify) VAVS or SVH Representative _____
Name of (Specify) VAVS or SVH Deputy Representative _____
Names of Other 40/8 Volunteers (includes La Femmes) _____
_____
Name of person preparing this report (If not Grande Directeur) _____
Miles Traveled _____
Money Spent _____
Number of VAVS or SVH Committee meetings attended _____ Hours _____ Miles Traveled _____
Number of Veteran's Advisory Committee Meetins attended _____ Hours _____ Miles Traveled _____
Number of Junior Volunteers secured for your facility _____

SERVICES RENDERED

	Hours
Escort Service……..	
Pharmacy…….	
Feeding Patients……..	
Filing……	
Clerical Work……..	
Serving Coffee…….	
Using Bookmobile……	
Information Desk…….	
Salute to Veterans……	
Decorating for Holidays……..	
Country Store……..	
Other Services Rendered _____	
Special Occasions _____	
_____	
_____	
Other: _____	
_____	
_____	
_____	
TOTAL HOURS…….	

Mail Voiture Locale Report to:	Mail Grande Voiture Report to:	Grande Voiture Only
Grande Directeur, VAVS Deadline: _____	Ronald W. Rolfes, Jr. National Directeur-VAVS 7701 Willow Brook Ct. Hudson, FL 34667 E-Mail: rolfesr@hotmail.com Deadline: August 15th	Number of Locales Reporting: _____

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