PLEASE TYPE OR PRINT

DISABLED AMERICAN VETERANS AUXILIARY

3725 Alexandria Pike, Cold Spring, KY 41076 - Phone 859.441.7300

V.A.V.S REPRESENTATIVE MONTHLY REPORT FOR _____ /_____

1. Month / Year

(Refer to bottom section for instructions)

2. Hospital Assigned To _____ 3. State _____ 4. Facility Number _____

5. Name (Last) (First) (Middle) _____ 6. Social Security No. (last 4) _____

MONTHLY VOLUNTEER WORK REPORT

7. Please Check Box							8. Name	9. Social Security Number (Last 4 digits)	10. V.A.V.S Certified Hours
Volunteer	State Chairman	Representative	Deputy Representative	Associate Representative	Deputy Assoc. Representative	Honorary Representative			

11. VAVS Representative Signature _____ 12. Date _____

INSTRUCTIONS FOR COMPLETION OF DISABLED AMERICAN VETERANS AUXILIARY VAVS REPRESENTATIVE MONTHLY REPORT FORM 50A

If reporting monthly activities for more than seven volunteers, please use back of form.

Item 1	Indicate the month and year of this report. ONE FORM SHOULD BE USED FOR EACH MONTH BEING REPORTED.
Items 2 through 4	Name of the VA Hospital where you are assigned, the state it is located in, and its facility number (also known as station number). This can be obtained from your Chief of VAVS or Chief of Medical Administration Services.
Items 5 and 6	Representative's full name (or person completing the form on behalf of representative) and last 4 digits of social security number. This identifying information is necessary to properly credit your record in the National Headquarters computer data base.
Item 7	Indicate the volunteer's area of service by checking the appropriate box.
Items 8 and 9	Volunteer's full name and last 4 digits of social security number required to properly credit volunteers' records in the National Headquarters computer data base.
Item 10	Number of officially recognized VAVS certified hours for the month.
Items 11 and 12	The DAVA-VAVS Representative's signature and date.

MONTHLY VOLUNTEER WORK REPORT

7. Please Check Box							8. Name	9. Social Security Number (Last 4 digits)	10. V.A.V.S Certified Hours
Volunteer	State Chairman	Representative	Deputy Representative	Associate Representative	Deputy Assoc. Representative	Honorary Representative			