



Military Order of the Purple Heart Auxiliary ***VA Volunteer Service (VAVS) Program***

VAVS Representative / Deputy Representative Appointment Form

SECTION 1: Appointment of VAVS Representative or Deputy Representative by Unit

Units with Departments: Complete section 1 and send to your Department President.

Units without Departments: Complete section 1 and send directly to MOPHA National VAVS Rep.

FROM: Unit President (Unit Pres Information) **TO: Department President** (Dept. Pres Info)

Unit Number:	Department of
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:

The following Unit member meets the high standards required to be a VAVS Representative / Deputy Representative (please circle one) and is recommended for appointment to that position at the VAMC facility listed below:

New Rep/Deputy Information	Replacing Rep/Deputy (if applicable)
Representative / Deputy Rep (please circle one)	Representative / Deputy Rep (please circle one)
Name:	Name:
Street:	Street:
City/State/Zip:	City/state/zip:
Home phone:	Home phone:
Cell phone:	Cell phone:
Email:	Email:
MOPHA membership #	
VAMC Facility Name:	
Address:	
City/State/Zip:	

Signature of Unit President

Date

Submit this form to your Department MOPHA President (if applicable). The Department President will submit this form, along with the Department Certification form to the VAVS National Representative.

SECTION 2: Certification of Unit Appointment by Department President

DEPARTMENT

**Request for Certification of
VAVS Representative and/or Deputy Representative**

I request that the Military Order of the Purple Heart Auxiliary member named on the attached Appointment Form be certified to serve at the VAMC facility or VA State Veterans Home as noted.

Estimated assignment period: **Indefinite**

Yours In Patriotism,

Department President Signature

Date

Department Presidents:

Please send (email is preferred) this form along with the Unit's Appointment Form to
JFVarejcka@Windstream.ne: