

MILITARY ORDER OF THE PURPLE HEART AUXILIARY

**Annual VA Volunteer Service (VAVS) Report for VA Medical Centers,
VA State Retirement Homes, VA Outpatient Clinics and other facilities overseen by the VA**
For MOPHA Fiscal Year June 1, _____ to May 30, _____

Unit No.	Unit Name	City	State
1.	Does your Unit have a VAVS Representative? If yes , answer question 3 and complete Part I If no , answer questions 2, 3, 4, and return form to Nat'l VAVS Representative		_____
2.	Do Unit members volunteer at any VA facility in your area currently?		_____
3.	Did the Unit or members donate items or funds to any VA facility during this reporting period? If yes, please itemize donations (include value): _____ _____		_____
4.	Would you like further information about the MOPHA VAVS Program?		_____

Part I—to be completed by VA Volunteer Service Representative

5. Name of VAVS Representative: _____

6. Names of Deputy Representative(s) if applicable:

7. Did you complete your Annual Joint Review (AJR)? _____

8. Number of VAVS Committee Meetings attended in the past year: _____

9. Number of regular scheduled MOPHA volunteers: _____

10. Do you have non-unit volunteers who give their hours to MOPHA? _____

11. Do Unit members volunteer as Occasional Volunteers at VA events? _____

12. VA facilities (VAMC, State Retirement Homes, Outpatient Clinics, etc.)
VAVS/Unit members volunteer at _____

13. Do you give a VAVS Report at your Unit meetings? _____

14. Do you keep a record of all donations made to VA facilities from your Unit/members? _____

Signed and dated by Unit President

and/or

Signed and dated by Unit VAVS Representative

Please mail or email report before May 15th to MOPHA National VAVS Representative:
Ann Turner
104 Shimmer Pond Ct., Madison, AL 35757
vavsla10@aol.com