

United Daughters of the Confederacy®

Veterans Affairs Voluntary Service Report (VAVS)

September 1, 20_____ - August 21, 20_____

No Report

Name of Division Chairman: _____

Address: _____

Phone: _____ Email: _____

Chapter Name & Number: _____

Division or Chapter Where No Division Name: _____

Veterans Service

- 1. Number of VAVS volunteers at VA Medical Centers/Clinics: _____
2. Number of volunteer hours accredited to UDC: _____
3. Number of UDC Representatives/Deputies/Associate Representatives to VAVS Committee: _____
4. Name of VA facility: _____
5. Names of UDC Representatives/Deputies/Associate Representatives to VAVS Committee: _____

[Empty rectangular box for notes or additional information]

NOTE: All Representatives/Deputies must be appointed by UDC by letter to the facility.

Donations to VA Facilities/clinics/Fisher Houses:

- 1. Amount of money contributed: \$_____
2. Value of items contributed: \$_____
List types of items and where donated:

[Empty rectangular box for listing types of items and where donated]

List any other services to VA or Veterans (Including VA Cemeteries):

[Empty rectangular box for listing other services to VA or Veterans]