



Marine Corps League National

20____ Detachment VAVS Award Questionnaire

Department	Detachment Name and Number	Location
1. Membership of your Detachment as of 30 June Strength Report		
As per last year's National Convention Report by the Nat'l Adj/Paymaster		15 to 50 _____
		51 to 100 _____
		101+ _____
2. Your VA Medical Center's Name, and Mailing Address _____		

3. (a) Miles from VA Medical Center _____		
(b) Total miles driven by all volunteers _____		
4. Total number of volunteers (_____)		Active Members _____
		Non Members _____
5. Total Number of hours spent a VA Center by all Detachment Volunteers _____		
6. Activities Sponsored		Carnivals _____
		Distributions _____
		Bingo _____
		Others _____
7. Equipment Donated to VA Medical Center		Electronics _____
		Clothing _____
		Recreation _____
		Other _____
8. Coupon Books Purchased (Actual Costs)		Parties _____
		Indigent Fund _____
		Programs _____
9. Volunteers at a VA Contracted Nursing Homes and/or State Veteran Homes		Nr of Volunteers _____
10. Total monetary donations made by to VA Medical Center, Nursing home or State Vet Homes _____		
11. Annual Joint Review competed and forwarded to National VAVS Representative. YES _____ NO _____		
<i>Mailed by the VA Medical Center to Nat'l VAVS Rep after completion</i>		
12. Name of Certified MCL VAVS Representative for your VA Medical Facility _____		
13. Name of MCL Department VAVS Representative _____		

If needed, further explanation of any items, above or below, may be submitted on page two of this questionnaire. Please use question number, then the information.

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| 14. List participation in special programs, dinners, Christmas Gift shops, Salute Program | See Page 2 _____ |
| 15. List any VAVS special awards or certificates issued by your VA medical center. | See Page 2 _____ |
| 16. List attendance at VAVS Conferences, or any Dept/National VAVS Training | See Page 2 _____ |
| 17. Qtly VAVS meetings showing Representative or Deputy showing attendance | See Page 2 _____ |
| 18. Any VA letters acknowledging gifts, (original of copy) or special donations | See Page 2 _____ |

Mail/email NLT 15 June Michael Miller 400 Lake Antoine Rd Iron Mountain, MI 49801 VAVSRep@MCLeague.org
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MCL National Committee: MCL National VAVS Representative: Michael Miller – Chairman MCL National VAVS Deputy Representatives – Rex Hopper and Jack Prosoh



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Question 2 Additional VA Medical Center's Name, and Mailing Address _____

Question 14. List participation in special programs, dinners, Christmas Gift shops, Salute Program

Question 15. List any VAVS special awards or certificates issued by your VA medical center.

Question 16. List attendance at VAVS Conferences, or any Dept/National VAVS Training

Question 17. Attendance Sheet from Qtly VAVS meetings showing Representative or Deputy attending

Question 18. Any VA letters acknowledging gifts, (original of copy) or special donations

Any other information you wish the committee to consider with this questionnaire.
