



# MARINE CORPS LEAGUE NATIONAL

## 201\_\_ Detachment VAVS Award Questionnaire

- | <i>Department</i> | <i>Det. Name &amp; Number</i>   | <i>Location:</i>   |
|-------------------|---|--|
| 1.                | Membership of your Detachment as of 30 June MCL Strength report of last year.<br><i>* As per last year's National Convention Report by Natl. Adj/ Paymaster</i>                       | 15 to 50 (    )<br>51 to 100 (    )<br>101+ (    )                               |
| 2.                | Your Medical Centers name and location _____  |  |
| 3.                | Miles from Medical Center _____   | (    )   |
|                   | Miles traveled by Representatives/Deputies, or Volunteers per round trip (per vehicle)  | (    )   |
|                   | Total Miles traveled in year by Reps and Deps   | (    )   |
| 4.                | Total Number of Volunteers (    )   | Active Members (    )<br>Non-Members (    )                                      |
| 5.                | Total Hours spent at Center by all of your Detachment Volunteers: R.S. and Occasional.<br><i>Representative should be receiving computer printout each month of all hours served.</i> | (    )   |
| 6.                | Activities Sponsored.   | Carnival (    )<br>Bingo Parties (    )<br>Distributions (    )<br>Others (    ) |
| 7.                | Equipment donated to Center.<br>(If new, use Actual Cash Value; if used, use Fair Market Value).  | T.V.'s. (\$    )<br>Recreation (\$    )<br>Others (\$    )                       |
| 8.                | Coupon Books Purchased. (Use actual cost)   | Parties (\$    )<br>Indigent Fund (\$    )<br>Programs (\$    )                  |
| 9.                | Volunteers at V.A. Contract Nursing Home and State Vet. Homes, if applicable  | No. of Vol. (    )   |
| 10.               | Total monetary donations made by Detachment and or Members to Medical Center or Nursing Home, or State Vet. Home, if applicable.  | (\$    )   |
| 11.               | Annual Joint Review completed and mailed to National Representative<br><i>(Mailed by the VA Hosp. to Natl. VAVS Rep after completion)</i>   | Circle <b>Yes</b> or <b>No</b>   |
| 12.               | Name of MCL Cert. VAVS Rep. at this VA Hospital: _____  |  |
| 13.               | Name of MCL Department VAVS Rep. _____  |  |

*Further explanation of any item may be submitted on additional pages Use Question number, then the information*

**(If applicable)** List the following Questions 13 thru 17 on a separate sheet of paper or attach supporting information. Accompany any additional information with the question number.

14. List participation in special programs, dinners, Christmas Gift Shop, Gift wrapping, Salute Program.
15. List any VAVS Special Awards or Certificates received at your VA Ctr. from your Dept. or Natl. Hqtrs.
16. List attendance at Nat. or Regional VAVS Conferences, or any Dept. / Natl. Convention VAVS Training.
17. Attendance Sheet from Quarterly VAVS Meetings showing Representative or Deputies attendance.
18. Any V.A. letters acknowledging gifts, (originals or copies) or special donations.

Mail <b>before 15 June</b> to: Emil Franz 10508 East Rd Burt, MI 48417	MCL Nat. VAVS Committee: MCL National VAVS Representative Emil Franz - Chairman, MCL National VAVS Deputy Representatives - Rex Hopper and Jack Prosh
---	---