# Marine Corps League National

## 20____ Detachment VAVS Award Questionnaire

<table>
<thead>
<tr>
<th>Department</th>
<th>Det Name and Number</th>
<th>Location</th>
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<tbody>
<tr>
<td>1. Membership of your Detachment as of 30 June Strength Report</td>
<td>15 to 50 _____</td>
<td></td>
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<tr>
<td>As per last year’s National Convention Report by the Nat’l Adj/Paymaster</td>
<td>51 to 100 ____</td>
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<td>101+ ____</td>
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<tr>
<td>2. Your VA Medical Center’s Name, and Mailing Address</td>
<td>_______________________________</td>
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3. (a) Miles form VA Medical Cnter
(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 _______
   - Bingo _______
   - Distributions _______
   - Others _______

7. Equipment Donated to VA Medical Center
   - Electronics _______
   - Recreation _______
   - Clothing _______
   - Other _______

8. Coupon Books Purchased (Actual Costs)
   - Parties _____
   - Indigent Fund _______
   - Programs _____

9. Volunteers 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 _____

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.

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. Qty 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

MCL National Committee:
MCL National VAVS Representative: Michael Miller – Chairman
MCL National VAVS Deputy Representatives – Rex Hopper and Jack Prosuh
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.