



SONS OF THE AMERICAN LEGION VETERANS AFFAIRS & REHABILITATION REPORT

Activity Period – 2011 to 2012

<input type="checkbox"/>	Detachment	Current Membership	_____	Previous Year	_____
<input type="checkbox"/>	District	Current Membership	_____	Previous Year	_____
<input type="checkbox"/>	Squadron	Current Membership	_____	Previous Year	_____

Squadron # _____ Address _____

Is there a VAVS representative for your local VA Hospital? _____
If YES, how many? _____

Section I - Hours

A) State VA Veteran Homes	Number of Hours	_____
B) VA Medical Centers	Number of Hours	_____
	Total Hours (A+B)	_____

Section II – Field Service & Home Service

A) Field Service	Number of Hours	_____
B) Home Service	Number of Hours	_____
	Total Hours (A+B)	_____

Section III – Visits to VA Homes / Medical Centers

A) VA Veterans Homes	Number of Visits	_____
B) VA Medical Centers	Number of Visits	_____
	Total Visits (A+B)	_____

Section IV – Types of Donations

A) Cash <input type="checkbox"/>	Dollar Amount	_____
B) Items <input type="checkbox"/>	Estimated Dollar Amount	_____
	Total Amount (A+B)	_____

Section V – Description

Give a brief description of activities and locations (i.e. VA hospitals, veterans homes).
Attach additional sheets, if necessary.

Section VI – District / Detachment Donations

Add additional money if this is a District/Detachment report. TOTAL _____

Certified By _____ Title _____ Date _____

**MAIL TO THE DETACHMENT ADJUTANT
DEADLINE: May 16th**