



SONS OF THE AMERICAN LEGION VOLUNTEER OF THE YEAR AWARD

Section I – General Data

Nominee _____ Date _____

Squadron # _____ SAL Card Number _____

Section II – Total VAVS Hours & Visits

Number of Hours Volunteered _____ Number of Visits _____

Section III – Remarks

Volunteer Activities _____

Location of Volunteer Performance (VA Homes & Hospitals) _____

General Remarks _____

Section IV – Certification

Submitted By _____ Title _____

Attested By _____ Title _____

Mail to: Ed Sheubrooks, Detachment Adjutant
800 S. Brocksmith Road
Ft. Pierce, FL 34945

DEADLINE: JUNE 1st