



# V.A.V.S. & S.V.H. Annual Consolidated Report

Report for (check one)  Voiture Locale # \_\_\_\_\_ du \_\_\_\_\_ Total Membership \_\_\_\_\_  
 Date Prepared \_\_\_ / \_\_\_ / \_\_\_ Grande du \_\_\_\_\_ Total Membership \_\_\_\_\_

Name of (Specify) VAVS or SVH Representative \_\_\_\_\_  
 Name of (Specify) VAVS or SVH Deputy Representative \_\_\_\_\_  
 Names of Other 40/8 Volunteers (includes La Femmes) \_\_\_\_\_  
 \_\_\_\_\_  
 Name of person preparing this report (If not Grande Directeur) \_\_\_\_\_  
 Miles Traveled \_\_\_\_\_  
 Money Spent \_\_\_\_\_  
 Number of VAVS or SVH Committee meetings attended \_\_\_\_\_ Hours \_\_\_\_\_ Miles Traveled \_\_\_\_\_  
 Number of Veteran's Advisory Committee Meetins attended \_\_\_\_\_ Hours \_\_\_\_\_ Miles Traveled \_\_\_\_\_  
 Number of Junior Volunteers secured for your facility \_\_\_\_\_

<b><u>SERVICES RENDERED</u></b>		<u>Hours</u>
Escort Service.....	_____	_____
Pharmacy.....	_____	_____
Feeding Patients.....	_____	_____
Filing.....	_____	_____
Clerical Work.....	_____	_____
Serving Coffee.....	_____	_____
Using Bookmobile.....	_____	_____
Information Desk.....	_____	_____
Salute to Veterans.....	_____	_____
Decorating for Holidays.....	_____	_____
Country Store.....	_____	_____
Other Services Rendered _____	_____	_____
Special Occasions _____	_____	_____
_____	_____	_____
Other: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL HOURS.....</b>		_____

Mail Voiture Locale Report to:	Mail Grande Voiture Report to:	Grande Voiture Only
Grande Directeur, VAVS  Deadline: _____	Ronald W. Rolfes, Jr. National Directeur-VAVS 5450 Tropic Dr. New Port Richey, FL 34653 E-Mail: rolfesr@hotmail.com Deadline: August 15th	Number of Locales Reporting:  _____