LVAP Monthly Reporting Form 60

DAV Department:	**For Period Ending:**
Chapter Name and Number:	
Chapter Address:	
Point of Contact:	
Point of Contact Phone:	

Activity Categories:
A: Chapter Service Officer Work (Must Be Certified)
B: Department Service Officer Work (Must Be Certified)
C: DAV Outreach (DAV Specific Outreach, National Guard Mobilization/Demobilization, Etc.)
D: Fundraising (Forget Me Nots, Sweepstakes, Golden Corral, Etc.)
E: DAV 5k (National Series 5k events only)
F: DAV/DAV Auxiliary Special Events (State Fair, Homeless Stand Down, Etc. to include event planning)
G: Direct assistance to veterans, spouses and families
(Yard Work, Home Repairs, Grocery Shopping, Caregiver Respite, Rides to medical appointments - private vehicle, Etc.)
H: Seminars, workshops, training and activities designed to operate Chapter/Department smoothly, VAVS Certification, Volunteer Driver Certification and thrift store hours (not compensated)
I: Grassroot Legislation (Hours completed by Benefits Protection Team Leaders ONLY)

***PLEASE NOTE* HOURS COMPLETED THROUGH THE VOLUNTEER FOR VETERANS WEBSITE (volunteerforveterans.org) WILL BE UPLOADED TO NATIONAL HEADQUARTERS AUTOMATICALLY. PLEASE DO NOT REPORT HOURS EARNED THROUGH THE WEBISTE TO NATIONAL HEADQUARTERS, AS THIS WILL RESULT IN AN OVER REPORTING OF HOURS.**

New Volunteer	Last Name	First Name	Address	Email	Phone	Date of Birth	Activity Hours									
							A	B	C	D	E	F	G	H	I	Total
																0
																0
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