

Department LVAP Monthly Report for _____ / _____
1. Month Year

_____ / _____
2. Chapter Name (if applicable) 3. State

4. Volunteer Name	5. DSO/CSO Work	6. Fundraising Efforts	7. Outreach Events	8. Veteran Assistance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
9. TOTAL	_____	_____	_____	_____

LVAP MONTHLY REPORT INSTRUCTIONS

- Item 1 Indicate the month and year of this report. One form should be used for each month being reported.
- Item 2 and 3 Name of the chapter (if applicable), and the state it is located in.
- Item 4 Volunteers full name.
- Items 5 thru 8 Report the volunteer’s hours for DSO/CSO work, fundraising efforts, outreach events and veterans assistance.
- Item 9 Grand total of each category.