VETERANS AFFAIRS VOLUNTARY SERVICE PROGRAM (VAVS) AWARDS

Medical Center/Clinic: _____ **Date:** _____

NAME OF VOLUNTEER	TOTAL VOLUNTEER HOURS TO DATE

_____ _____ _____

Voluntary Service Program Manager Department Adjutant VAVS Representative

Please forward to the Department Adjutant for signature at P.O. Box 388 Portage, WI 53901.