

**FLEET RESERVE ASSOCIATION  
VETERANS SERVICE COMMITTEE  
VAVS REPORT**

Region: \_\_\_\_\_ Branch Number: \_\_\_\_\_ Name: \_\_\_\_\_ Membership Group: \_\_\_\_\_

Negative  
Report

IF NO ACTIVITY, A NEGATIVE REPORT IS REQUIRED.  
REPORT TO BE SIGNED BY BRANCH CHAIRMAN AND BRANCH PRESIDENT OF THE REPORTING YEAR.

\_\_\_\_\_  
MBR ID BRANCH CHAIRMAN 20\_\_ - 20\_\_ MBR ID BRANCH PRESIDENT 20\_\_ - 20\_\_

Total Branch members in Good Standing as reported in the 31 March Membership Report: \_\_\_\_\_

The following report is submitted for the year: 1 July \_\_\_\_\_ to 30 June \_\_\_\_\_

1. VA Voluntary Service (VAVS) Program activities:

(a) Name of VA Facility \_\_\_\_\_

(b) Do you have a Shipmate Designated as a Local Representative:

Name: \_\_\_\_\_

(c) Do you have a Shipmate(s) Designated as Deputy Rep:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

2. Hours volunteered VA Facilities by Shipmates: \_\_\_\_\_

(a) Regular Hours: \_\_\_\_\_ Number of Shipmates: \_\_\_\_\_

(b) Occasional Hours: \_\_\_\_\_ Number of Shipmates: \_\_\_\_\_

3. Has FRA Local Representative completed VAVS Annual Joint Review: Yes (Attach) No

Donations made by Branch and Shipmates to VAVS Program/

(a) Durable Items; water, clothes, coffee, etc.(estimated value):\$ \_\_\_\_\_

(b) Monetary: \$ \_\_\_\_\_

(c) Branch Total: \$ \_\_\_\_\_

(d) Shipmate Total: \$ \_\_\_\_\_

5. Does Branch participate in the FRA Student Veteran Program with a local college or university? Yes No

(a) Name of school: \_\_\_\_\_

(b) Does Branch award an annual scholarship to school? Yes No

(c) Amount \$ \_\_\_\_\_ Number awarded: \_\_\_\_\_

THIS FORM MAY BE REPRODUCED LOCALLY FOR BRANCH AND/OR REGIONAL USE  
Regional/Branch Chairmen may want to add items for their own purposes (Use additional sheets if  
necessary)

DO NOT MISPLACE THIS FORM - IT MUST BE SUBMITTED AS AN ANNUAL REPORT

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6. Other veteran centric outreach activities Branch participated in the past year: (List date, activity and details)

Shipmate nominated as Shipmate of the Year, or deserving of special recognition: Name: \_\_\_\_\_

NOTE: IN NOMINATING A SHIPMATE AS "SHIPMATE OF THE YEAR" OR DESERVING OF SPECIAL RECOGNITION,  
THIS REPORT MUST BE ACCOMPANIED BY A SEPARATE SHEET(S) OF PAPER,  
GIVING A DETAILED REPORT OF THIS SHIPMATE'S ACTIVITIES.  
(SEE ATTACHED SOY FORM)

Branch Chairman: Submit report to Regional Chairman.

Regional Chairman: Submit Report to National Chairman immediately following Regional Convention.

IF ADDITIONAL INFORMATION IS REQUIRED, CONTACT REGIONAL COMMITTEE CHAIRMAN  
*(Please provide comments on how to improve this report/committee on a separate sheet)*

Distribution: (1) Regional Chairman  
(2) Regional President  
(3) Branch Files

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**FLEET RESERVE ASSOCIATION  
NOMINATING FORM FOR VAVS SHIPMATE OF THE YEAR**

Region: \_\_\_\_\_ Branch No: \_\_\_\_\_ Name: \_\_\_\_\_ Group: \_\_\_\_\_

The following Shipmate has been nominated for consideration as VAVS Shipmate of the Year:

NAME \_\_\_\_\_ Membership No. \_\_\_\_\_

A. Activities in which the Shipmate participated.

B. The average number of hours contributed in each activity.

C. Personal monetary contributions. (If applicable)

D. Additional information that may be useful in making this selection.

\_\_\_\_\_  
Branch Chairman

\_\_\_\_\_  
Mbr ID

\_\_\_\_\_  
Branch President

\_\_\_\_\_  
Mbr ID

VAVS-SOY

Rev: 1/2024