

DO NOT MISPLACE THIS FORM - IT MUST BE SUBMITTED AS AN ANNUAL REPORT BY JUNE 30th.

**FLEET RESERVE ASSOCIATION
HW&R/VAVS COMMITTEE REPORT**

Negative
Report

Region: _____ Branch Number: _____ Name _____ Group: _____

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____

The following report is submitted for the year: 1 July _____ to 30 June _____.

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

1. Hours and mileage spent performing the below activities:
 - (a) Visiting/assisting ill or incapacitated members: hours _____/miles _____
 - (b) Assistance to families of Shipmates in need: hours _____/miles _____
2. Hours of volunteer work performed at Hospitals, VA Hospitals, Extended Care Centers, Community Living Centers, Out-Patient Clinics, etc. by Shipmates:

Name _____	Hours _____
Name _____	Hours _____
Name _____	Hours _____
Name _____	Hours _____
3. Widows assisted: Number _____ Hours _____
4. Number of Shipmates who donated blood: _____ Number of pints donated: _____
5. Rituals:
 - (a) Number of Rituals: _____ (See Rituals Manual)
 - (b) Number of Shipmates attending Rituals: _____
6. Number of books or magazines donated to hospitals: _____
7. Financial contributions by Branch and Shipmates to FRA Disaster Relief:
 - (a) Branch: \$ _____
 - (b) Shipmate: \$ _____
8. List any other activities on attachment. (Donations of clothing, household effects, miscellaneous items, etc.)
9. 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: _____

10. Has FRA Local Representative completed VAVS Annual Joint Review: Yes/No

11. 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: \$ _____

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

(a) Name of school: _____

(b) Amount \$ _____ Number awarded: ____

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

Name of 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

Distribution: (1) Regional Chairman

(2) Regional President

(3) Branch Files

THIS FORM MAY BE REPRODUCED LOCALLY FOR BRANCH AND/OR REGIONAL USE

Regional/Branch Chairmen may want to add items for their own purposes

**FLEET RESERVE ASSOCIATION NOMINATING FORM FOR HW&R/VAVS
SHIPMATE OF THE YEAR**

Region: _____ Branch No: _____ Name: _____ Group: _____

The following Shipmate has been nominated for consideration as HW&R 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.

MBR ID Branch Chairman

MBR ID Branch President

HW&R/VAVS SOY

Rev.: 3/2026