

FLEET RESERVE ASSOCIATION
VETERANS SERVICE OFFICER COMMITTEE
VSO REPORT

Information provided on this report is for the membership year April 1, 2022 through March 31, 2023.

Region: _____ Branch Name & Number: _____ Membership Group: _____

1. Total Branch members in Good Standing as reported in the 31 March Membership Report: _____
2. Does your Branch Participate in Veteran Service activities in your community for FRA? **If YES- 10 points** _____
Yes (Continue report) No (Negative Report, sign and return to Regional Chair)
3. Veterans Service Officer (VSO) activities:
 - (a) Number of FRA Accredited VSO's: _____ **10 points per member** _____
Names: _____

 - (b) Number of Members in training to become FRA Accredited VSO: _____ **1 point per member** _____
 - (c) Claims Processed:
 - a. Disability _____
 - b. Dependency _____
 - c. Pension _____
 - d. DIC _____
 - e. Aid and Attendance _____
 - f. Education _____
 - g. Other _____Total: _____ **1 point per claim** _____
 - (d) Number of Hours Expended: _____ **1 point per 10 hours** _____
 - (e) Funds Expended: By Branch: _____ By Shipmate VSO: _____ **1 point per \$10** _____
 - (f) Hours attending VA Outreach activities: _____ **1 point per hour** _____
 - (g) Hours of VSO annual training attended: _____ Where: _____ **1 point per hour** _____

TOTAL POINTS 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)

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VSO REPORT

4. The VSO nominated as, "Veteran Service Officer of the Year", or deserving of special recognition:

Name: _____

NOTE: In nominating a VSO as, "Veteran Service Officer of the Year," or deserving of special recognition, on this report, the nominee shall be in a non-salaried or hourly payment of service from any organization that is helping veterans including the Fleet Reserve Association. The nomination must be accompanied by a separate sheet(s) of paper, giving a detailed report of the VSO's activities.

IF NO ACTIVITY, A NEGATIVE REPORT IS REQUIRED.

REPORT TO BE SIGNED BY BRANCH CHAIRMAN AND BRANCH PRESIDENT OF THE REPORTING YEAR.

BRANCH CHAIRMAN 20__ - 20__

BRANCH PRESIDENT 20__ - 20__

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 President
- (2) Regional Secretary
- (3) Regional Chair
- (4) Branch Files

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FLEET RESERVE ASSOCIATION
VETERANS SERVICE OFFICER COMMITTEE
VSO STATISTICS

Information provided on this report is for the membership year April 1,202 __ through March 31, 202 __.

Region: _____ Branch Name & Number: _____ Membership Group: _____

~INSTRUCTIONS TO FOLLOW WHEN COMPLETING THIS FORM~

1. If the Branch has more than one [1] VSO then submit the total for all Branch Veteran Service Officers.
2. Block [1] is the total claims filed by all Branch Veteran Service Officers.
3. Block [2] is the total miles driven by all Branch Veteran Service Officers assisting Veterans.
4. Block [3] is the total telephone calls taken or made when assisting a Veteran or their family.
5. Block [4] is the total number of events the Branch has participated in to assist or aid Veterans.
6. Block [5] is only utilized for the total number of appointments the Branch VSO took a Veteran to or from.
7. Block [6] is the total funds spent by all Branch Veteran Service Officers while assisting Veterans.
8. Block [7] is utilized to record the amount of funds the Branch expended for the Veteran Service Officers.

(1) Total Claims	(2) Mileage	(3) Telephone	(4) Veteran Events	(5) Appointments	(6) VSO Funds	(7) Branch Funds

BRANCH CHAIRMAN 20__ - 20__

BRANCH PRESIDENT 20__ - 20__

Branch Chairman: Submit report to Regional Chairman.

Regional Chairman: This information will be used for the Regional Committee Report to the National Chairman.

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

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