

**FLEET RESERVE ASSOCIATION
VETERANS SERVICE COMMITTEE
VSO 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 ____

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 _____

Veterans Service Officer (VSO) activities:

(a) Number of FRA Accredited VSO's : _____

Names: _____

(b) Number of Shipmates in training to become FRA Accredited VSO: _____

(c) Claims Processed:

a. Disability	_____	
b. Dependency	_____	
c. Pension	_____	
d. DIC	_____	
e. Aid and Attendance	_____	
f. Education	_____	
g. Other	_____	Total _____

(d) Number of Hours Expended _____

(e) Funds Expended: By Branch \$ _____ By Shipmate VSO \$ _____

(f) Hours attending VA Outreach activities: _____

(g) Hours of VSO annual training attended: _____ Where: _____

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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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 VSO SHIPMATE OF THE YEAR**

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

_____ The following Shipmate has been nominated for consideration as VOS 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