



**VAVS REPRESENTATIVE and DEPUTY
COMMITMENT FORM***

Please Print

POST: _____ DEPT: _____ VAMC _____

NAME: _____

EMAIL (*required*): _____

ADDRESS: _____

CITY, ST, ZIP: _____

Please indicate your agreement by checking all boxes and signing.

- I understand this is a two (2) year appointment.
- I understand that I must participate in an orientation at the local medical center which will include one or more of these requirements depending on my volunteer assignment:
 - TB Test
 - Fingerprints
 - Background check
- I understand this requires active participation in quarterly VAVS Committee Meetings.
- I understand that I must serve as a “Regularly Scheduled” volunteer; however, this is NOT the primary requirement of the appointment. (refer to *Training Manual*)
- I understand that the primary requirement of the appointment is to recruit adults and youth to serve as “Regularly Scheduled” volunteers. (They do not need to be AMVETS members – they may be friends, neighbors, co-workers, or members of other community organizations.)

Print Name

Signature

Date

*To be given to Commander to go with the Appointment form.