OFFICIAL ENTRY FORM

2010 - NATIONAL VAVS LEADERSHIP AWARD

For

AMVETS - AMVETS LADIES AUXILIARY

And Sons of AMVETS

VAVS REPRESENTATIVES AND DEPUTY REPRESENTATIVES

Name of Candidate: _____ VA Facility: _____

Affiliation: AMVETS _____ Representative _____
AMVETS Ladies Auxiliary _____ Deputy Representative _____
Sons of AMVETS _____

(**You may select only (1) from each level of the organization.)** This form may be copied.

1. Number of years the candidate has served in the VAVS program: _____

2. Number of years the candidate has served on the VAVS Advisory Committee: _____

3. How many VAVS Advisory Committee meetings were scheduled over the past two years? _____
   How many VAVS Advisory Committee meetings did the candidate attend? _____
   Percentage of meetings attended by candidate: _____

	YES	**NO**
4. Was the Annual Joint Review completed as scheduled? _____ In Person _____ By Telephone _____ By Mail	_____	_____
5. Does the candidate have R. S. assignment(s) other than the Advisory Committee?	_____	_____
6. Does the candidate participate in any social event activities?	_____	_____
7. Does the candidate participate in the National Salute to Hospitalized Veterans activities?	_____	_____
8. Does the candidate plan, coordinate and participate in "Because We Care" activities?	_____	_____
9. Does the candidate utilize the AMVETS VAVS Matching Funds program? (Sponsored by the AMVETS National Service Foundation.)	_____	_____
10. Is there a youth volunteer program at your facility?	_____	_____
11. Was the candidate active in establishing or maintaining the youth volunteer program?	_____	_____
12. Does the candidate take an active leadership role on the VAVS Advisory Committee?	_____	_____

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13. Candidate's running, all time, total accumulative R.S. hours up to April 1, 2010: _____

14. Candidate's accumulative R.S. hours from April 1, 2009 to April 1, 2010: _____

15. Number of AMVETS VAVS volunteers as of April 1, 2009: _____

16. Number of AMVETS VAVS volunteers as of April 1, 2010: _____

17. Number of hours accumulated by all AMVETS, Ladies or Sons VAVS volunteers between April 1, 2008 and April 1, 2009: _____

18. Number of hours accumulated by all AMVETS, Ladies or Sons VAVS volunteers between April 1, 2009 and April 1, 2010: _____

19. How many miles does the candidate travel from home to the medical center: _____

This entry is submitted by:

_____	_____	_____
Signature of Chief of Voluntary Service	Facility/Station	Date
_____	_____	
Typed/Printed name of VAVS Chief	Phone	

Note: Please attach a copy of current **ANNUAL JOINT REVIEW** and return by 30 April 2010:

AMVETS National Headquarters
Attn: Programs Department
4647 Forbes Boulevard
Lanham, Maryland 20706-4380

Phone: 877-726-8387
Fax: 301-459-7924