



MARINE CORPS LEAGUE NATIONAL VAVS 2008 Detachment VAVS Awards Questionnaire

- | Detachment No. | Dept/Det. Name | Location: |
|----------------|--|--|
| 1. | Membership of your Detachment as of 30 June MCL Strength report of last year.
<i>* As per last year's National Convention Report by Natl. Adj/ Paymaster</i> | 0 to 50 ()
51 to 99 ()
100 to 199 ()
200 and over () |
| 2. | Your Medical Centers name and location _____ | |
| 3. | Miles from Medical Center
Miles traveled by Representatives/Deputies, or Volunteers per round trip (per vehicle)
Total Miles traveled in year by Reps and Deps | ()
()
() |
| 4. | Total Number of Volunteers (_____) | Active Members ()
Non-Members () |
| 5. | Total Hours spent at Center by all Volunteers: R.S. and Occasional.
<i>Representative should be receiving computer printout each month of all hours served.</i> | () |
| 6. | Activities Sponsored. | Carnival ()
Bingo Parties ()
Distributions ()
Others () |
| 7. | Equipment donated to Center.
(If new, use Actual Cash Value; if used, use Fair Market Value). | T.V.'s. (\$)
Recreation (\$)
Others (\$) |
| 8. | Coupon Books Purchased. (Use actual cost) | Parties (\$)
Indigent Fund (\$)
Programs (\$) |
| 9. | Volunteers at V.A. Contract Nursing Home and State Vet. Homes, if applicable | No. of Vol. () |
| 10. | Total monetary donations made by Detachment and or Members to Medical Center or
Nursing Home, or State Vet. Home, if applicable. | (\$) |
| 11. | Annual Joint Review completed and mailed to National Representative every Feb.
<i>Mailed by your VAVS Hosp Rep to VAVS Chair after completion of review. See address below</i> | Circle Yes or No |
| 12. | Marine Corps League Medical Center Report (NCR) filed with National Representative.
<i>(The report is optional but helpful).</i> | Circle Yes or No |
| 13.a | Name of MCL Certified Representative at this VA Hospital: _____ | |
| 13.b | Name of MCL Dept VAVS Representative: _____ | |

*Additional explanation of any item may be submitted on additional pages. Use item number, then the information
List the following on a separate sheet, proceeded by item no. or attach supporting information if applicable.*

14. List participation in special programs, dinners, Christmas Gift Shop, Gift wrapping, Salute Program,
15. List any VAVS Special Awards or Certificates received at your VA Ctr, from your Dept. or Natl. Hqtrs.
16. List attendance at Nat. or Regional VAVS Conferences, or any Dept./ Nat. Convention VAVS Training Mtgs.
17. Attendance Sheet from Quarterly VAVS Meetings showing Representative or Deputies attendance.
18. Any V.A. letters acknowledging gifts, (originals or copies) or special donations to this report.

Mail **before 15 June** to:
 Patrick J. Cody, PNC
 PO Box 64
 Industry PA 15052-0064

Nat. MCL Committee: P. J. Cody, Chairman;
 Members - J. D. Luther, L. J. O'Brian, S. Riedel, P. Ruhmshottel, and L. Shreve.

Form: MCLVAVS Q1 Rev 8 (Jan 08)