FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

(See back for instructions)

1. Hospital Assigned To   2. State   3. Facility Number

4. Last Name   First   Middle

5. Current Address   6. Birthdate

7. City   8. State   9. ZIP Code

10. Home Phone Number   11. Cell Number   12. Email Address

CHECK MEMBERSHIP STATUS AND PROVIDE CORRESPONDING INFORMATION

13. ☐ DAV / Auxiliary Member

14. Membership Code Number

15. ☐ Non-DAV Member

PLEASE CHECK ONE

16. ☐ Volunteer   17. ☐ State Chairman   18. ☐ Representative   19. ☐ Deputy Representative

20. ☐ Associate Representative   21. ☐ Deputy Associate Representative   22. ☐ Honorary Representative

THIS SECTION TO BE CERTIFIED BY VAVS PROGRAM MANAGER

23. V.A.V.S. Certified Lifetime Hour Total   24. Through _____ _____
(If updating previous information)   Month   Year

25. Certified by V.A.V.S. Program Manager   26. Date

THIS SECTION TO BE CERTIFIED BY HOSPITAL SERVICE COORDINATOR (HSC)

27. Lifetime Miles/Hours/Veterans Transported _____ / _____ / _____   28. Through _____ _____
(If updating previous VTN information)   Miles   Hours   # of Vets   Month   Year

29. Certified by Hospital Service Coordinator   30. Date

31. Signature of Volunteer   32. Date

INSTRUCTIONS

Items 1 thru 3	Name of the VA Facility where you Volunteer. State where it is located. Facility number (also known as station number). This can be obtained from your Program Manager or VAVS Representative.
Items 4 thru 12	Provide your full name, current address, birthdate, your home phone number with area code, cell phone number and email address.
Item 13	Check this box if you are a member of the DAV or DAVA.
Item 14	If a DAV or DAVA Member, provide correct membership code number.
Item 15	If you are not a DAV or DAVA Member, please check this box.
Items 16 thru 22	Check the box indicating your status.
Items 23 thru 26	After your DAV-VAVS Representative has received your completed form, only the VAVS Program Manager will complete lines 24-27.
Items 27 thru 30	Must be completed by the Hospital Service Coordinator (HSC) who reports your transportation activities.
Items 31 thru 32	The volunteer's signature and date.