

**FLEET RESERVE ASSOCIATION
VETERANS SERVICE COMMITTEE
VAVS REPORT**

Information provided on this report is for the membership year April 1, 2022 through March 31, 2022

Region: _____ Branch Name & Number: _____ Membership Group: _____

1. Total Branch members in Good Standing as reported in the 31 March Membership Report: _____

2. Does your Branch Participate in Veteran Service activities in your community for FRA?
Yes____ (*Continue report*) No____ (*Negative Report, sign and return to Regional Chair*)

3. VA Voluntary Service (VAVS) Program activities:

(a) Name of VA Facility _____

a. Do you have a Shipmate Designated as a Local Representative: _____

i. Name: _____

b. Do you have a Shipmate(s) Designated as Deputy Rep:

i. Name: _____

ii. Name: _____

4. Hours volunteered VA Facilities by Shipmates: _____

(a) Regular Hours: _____ Number of Shipmates: _____

(b) Occasional Hours: _____ Number of Shipmates: _____

5. Has FRA Local Representative completed VAVS Annual Joint Review: Yes ____ (Attach) No ____

6. Donations made by Branch and Shipmates to VAVS Program/VA Facility:

(a) Durable Items (Water, clothes, coffee, etc.)(Est. Value): _____

(b) Monetary: _____

(c) Branch Total: _____

(d) Shipmate Total (If known, estimate): _____

7. Does Branch participate in the FRA Student Veteran Program with a local college or university?

Yes _____ No _____

(a) Name of school: _____

(b) Does Branch award an annual scholarship to school: Yes _____ No _____

a. Amount of Scholarship: _____

b. Number awarded: _____

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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8. Other veteran centric outreach activities Branch participated in the past year: (List date, activity and details)

9. 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, ON THIS REPORT, NOMINATION MUST BE ACCOMPANIED BY A SEPARATE SHEET(S) OF PAPER, GIVING A DETAILED REPORT OF THIS SHIPMATE'S ACTIVITIES.

IF NO ACTIVITY, A NEGATIVE REPORT IS REQUIRED.

REPORT TO BE SIGNED BY BRANCH CHAIRMAN AND BRANCH PRESIDENT OF THE REPORTING YEAR.

BRANCH CHAIRMAN 20 ____ - 20 ____

BRANCH PRESIDENT 20 ____ - 20 ____

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
VETERANS SERVICE COMMITTEE
VSO REPORT**

Information provided on this report is for the membership year April 1, 2021 through March 31, 2022

Region: _____ Branch Name & Number: _____ Membership Group: _____

1. Total Branch members in Good Standing as reported in the 31 March Membership Report: _____

2. Does your Branch Participate in Veteran Service activities in your community for FRA?
Yes____ (*Continue report*) No____ (*Negative Report, sign and return to Regional Chair*)

3. Veterans Service Officer (VSO) activities:

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

a. 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: _____

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10. 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, ON THIS REPORT, NOMINATION MUST BE ACCOMPANIED BY A SEPARATE SHEET(S) OF PAPER, GIVING A DETAILED REPORT OF THIS SHIPMATE'S ACTIVITIES.

IF NO ACTIVITY, A NEGATIVE REPORT IS REQUIRED.

REPORT TO BE SIGNED BY BRANCH CHAIRMAN AND BRANCH PRESIDENT OF THE REPORTING YEAR.

BRANCH CHAIRMAN 20 ____ - 20 ____

BRANCH PRESIDENT 20 ____ - 20 ____

Branch Chairman: Submit report to Regional Chairman.

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