

**FLEET RESERVE ASSOCIATION  
VETERANS SERVICE COMMITTEE**

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: \_\_\_\_\_

4. 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: \_\_\_\_\_

5. Hours volunteered VA Facilities by Shipmates: \_\_\_\_\_

(a) Regular Hours: \_\_\_\_\_      Number of Shipmates: \_\_\_\_\_

(b) Occasional Hours: \_\_\_\_\_      Number of Shipmates: \_\_\_\_\_

6. Has FRA Local Representative completed VAVS Annual Joint Review: Yes \_\_\_ (*Attach*)      No \_\_\_

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*Regional/Branch Chairmen may want to add items for their own purposes (Use additional sheets if necessary)*

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7. 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): \_\_\_\_\_

8. 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: \_\_\_\_\_

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

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.

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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