

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	_____	e. Aid & Attendance	_____
b. Dependency	_____	f. Education	_____
c. Pension	_____	g. Other	_____
d. DIC	_____		

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 to VAVS Program/VA Facility:	Branch	Shipmate
(a) Durable Items (Water, clothes, coffee, etc.)(Est. Value):	_____	_____
(b) Monetary:	_____	_____
(c) Total:	_____	_____

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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