

Please use your keyboard to fill out form

Department of Florida Marine Corps League VAVS Questionnaire

For period: July – December January – June or July – June
(Due by January 31) (Due date will be on the form each year)

(Please Print)

Detachment name and number _____

Detachment location _____

Phone No. _____ E-mail _____

Number of members in your Detachment (_____)

Your Medical Centers name and location _____

Total volunteer hours spent at Center by all volunteers (_____)

Total volunteer hours spent at other than the Center (_____)

Total monetary donations made by Detachment and/or members to Center \$ _____

Total monetary donations made to other than the Center \$ _____

Cost of equipment and/or items donated to the Center \$ _____

(If new, use actual cash value; if used use Fair Market Value)

Cost of equipment and/or items donated to other than the Center \$ _____

Does your Detachment have a VAVS or Deputy Representative? Yes No

(For VAVS Rep. or Deputy Rep) (If none, leave blank)

Representative should be receiving computer printout each month of all hours served.

Name _____ Rep. Dep.

Phone No. _____ E-mail _____

Complete the application and return it to me no later than the date noted for that period.

Submitted by _____ Office _____ Date _____

Please include your contact Email address: _____ Phone No. (_____) _____

Mail to: Jack Prosu, VAVS

141 Turtle Creek Dr.

Tequesta, Fl. 33469-1556

or E-mail: mclwilson1045@aol.com