

VAVS-"Veterans Affair Voluntary Service"- NC Annual Activity Report

Time Period: January 1, 20____ - December, 31, 20____

Due by January 31st. (Choose one category.) **EACH COUNCIL AND ASSEMBLY MUST SUBMIT A REPORT.**

Assembly/Council:	Location: City/Town, NC
Include Council/Assembly number.	

Please type or print eligible. Use black ink. Complete numerical data from right to left. Include financial contributions and hours of community service from all related programs. Make a photo copy of survey report for your Council/Assembly file.

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YES	NO
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1. Number of meetings held during the year

2. MEMBERSHIP: (COUNT)

3. BUDGET: CHECK ONE

Regular _____ Social _____ Special _____

4. BUDGET FOR VETERANS AFFAIRS/MILITARY/VAVS

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5. DO YOU DISTRIBUTE THE TAR HEEL KNIGHT?

YES _____ NO _____

DO YOU DISTRIBUTE THE GOLDEN PLUME?

YES _____ NO _____

6. WHICH V A MEDICAL CENTER DO YOU SUPPORT?

DURHAM V A MEDICAL CENTER	
ASHEVILLE V A MEDICAL CENTER	
FAYETTEVILLE V A MEDICAL CENTER	
SALISBURY V A MEDICAL CENTER	
NONE	

7 DO YOU SUPPORT USO? YES _____ NO _____ (PROVIDE DETAIL INFORMATION)

8. PROGRAMS:

	YES	NO	AMOUNT
NATIONAL WHEEL CHAIR GAMES			
GOLDEN AGE GAMES			
NEW COATS FOR VETERANS			
WOUNDED WARRIOR PROGRAM- M.O.P.H.			
GIFT CARDS			
SWEAT SHIRTS/PANTS			
VETERANS RESTORATION QUARTERS			
Brother Participation: Hours			
NO VETERAN DIES ALONE			
Brother Participation: Hours:			
Sponsors Sporting Events, Picnics etc...			
Visitation with Veterans Include hours	Nursing H.	Retirement Community	Medical Center

OTHER:

Signature of FN/GK

Date

Send to: SK Thomas W. DuPree, Jr.
2419 Hidden Meadow Dr.
Fuquay-Varina, NC 27526

NC District VAVS Representative
NC State Veteran Affairs & VAVS, Chairman
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