MARINE CORPS LEAGUE AUXILIARY
VOLUNTEER WORKSHEET - VAVS HOSPITAL

NAME _____ MAY 1 – APRIL 30 _____

Name of Hospital _____ Address of Hospital: _____

List actual cash value for:

Donations to VA Hospital Funds	$ _____	Occupational Therapy Supplies	$ _____
Gifts	$ _____	Refreshment and Service Supplies	$ _____
Prizes	$ _____	Books, reading material	$ _____
Flowers	$ _____	Other (describe)	$ _____
Personal items, Lap Robes, etc.	$ _____	_____	

Please see Enc. #12, VALUATION OF DONATED ITEMS, for suggested values of homemade items and gently used items.

Work in VA Hospitals in any capacity should be listed.

Date/Activity for VA	Times Volunteered	Hours	Miles	Donations
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

TOTALS:

Times Volunteered _____ Hours _____ Donations $ _____

Miles _____ Value of Miles $ _____ Total Value $ _____
(miles x 14 cents) (Donations + Value of Miles)

VAVS worksheet is a guide to remind members of volunteer activities and donations for Veterans at a VA hospital, clinic or domiciliary. This would also include a VA sponsored outing for the Veterans from the VA hospital.

This is just a worksheet and **not** to be sent to Department or National Chair.

Rev. 8/09