



VAVS Hospital/Medical Center Representative Certification Form Sons of The American Legion

Date _____

Detachment of: _____

Director
National Veterans Affairs & Rehabilitation Commission
1608 "K" Street, N.W.
Washington, D.C. 20006

The following SAL member has been recommended to be the VAVS Representative or Deputy Representative at the following VA Hospital/Medical Center:

NAME & ADDRESS OF FACILITY _____

A. REPRESENTATIVE

Name _____
Mailing Address _____
Home Address _____
Date of Birth _____ Squadron # _____
Telephone Number: Home _____ Work _____

B. DEPUTY REPRESENTATIVE

Name _____
Mailing Address _____
Home Address _____
Date of Birth _____ Squadron # _____
Telephone Number: Home _____ Work _____

Additional Information---Optional _____

Expiration of term of this appointment will be two years from date of application. Re-appointments should be accomplished during Detachment Conventions.

Department Adjutant

Detachment Commander

INSTRUCTIONS

PURPOSE:

The purpose of this form is to certify VAVS hospital representatives in each VA facility. The SAL member nominated should be familiar with the VAVS program and have the intent of serving in this vital position for at least two (2) years. A Deputy representative can be appointed to assist the SAL VAVS representative.

PROCEDURES:

1. The SAL VAVS nominee must be at least 21 years of age as of the date of application. This does not effect the age of volunteers in hospitals as they are governed by the Director of the VAVS program at the VA medical facility.
2. The term of this appointment cannot exceed 2 years from the date of the application. Appointments should be made during the SAL Detachment Conventions and nomination forms submitted to the Department Headquarters. Upon the Department Adjutant's approval, the nomination form should be forwarded to the Director, VA&R, Washington for final approval.
3. Upon notification of approval from the Director, VA&R, Washington, the nominee will contact the Director of Voluntary Services at the hospital for guidance, policy and general instructions as to his duties and responsibilities associated with the VAVS program and his appointment. The SAL VAVS representative will ensure that all SAL volunteer hours are credited to the SAL account # SOAL 303.
4. A Deputy VAVS representative is optional, but, if nominated will assist the SAL VAVS Representative in his duties as described by the Director of the VAVS program at the medical facility.

FORM:

1. Complete all items applicable. The section "Additional Information" should be completed on nominees as to past experience or qualifications if any.
2. The form must be signed by both the Detachment Commander and by the Department Adjutant and submitted to the Director VA&R, 1608 "K" St., Washington, D.C. 20006 for final approval.
3. A copy of this form should be kept by the Detachment and the Department for record purposes. Detachments are responsible for maintaining records of their hospital representative and the expirations dates.