

# Voluntary Services

VAVS and HSC Reporting: How To

Webinar

June 27, 2018



**FULFILLING OUR PROMISES**  
TO THE MEN AND WOMEN WHO SERVED

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# Transportation Network



The DAV Transportation Network is the largest program of its kind for veterans in the nation. This unique initiative helps get veterans to and from VA medical appointment by providing vehicles and a team of volunteer drivers. Because these drivers are giving their time, it is important that we ensure we are recognizing their hard work, dedication and time by ensuring we are recording their hours volunteering.



# Responsibilities of an HSC

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There are 162 Hospital Service Coordinators (HSCs) covering transportation programs at more than 197 VA medical facilities. These DAV HSCs assemble a corps of volunteer drivers and coordinate with hospital transportation requests, providing more than 615,000 rides to veterans in 2017.

DAV HSCs play an important part in our efforts to assist injured and ill veterans. Part of that role is the efficiency and timely reporting of volunteer activities of the DAV Transportation Network to Headquarters.

# Reporting Hours on Form 40

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There is no  
**right** or **wrong**  
there is only  
**cause** and **effect**



# Contact Information on Form 40

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## HSC Monthly Reporting Form 40

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DAV or DAV Auxiliary Department:

VA Facility Name: ①

Facility Address: ②

Point of Contact: ③

Point of Contact Phone: ④

**For Period Ending: ⑤**

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1. The name of the VA Facility where the volunteers' hours will be credited.
2. This is the address of the VA Facility
3. The name of the person filling out the Form 40
4. This is the number where the contact can be reached.
5. The period ending is the month and year in which the volunteer services were completed.

# Volunteer Information on Form 40

## HSC Monthly Reporting Form 40

DAV or DAV Auxiliary Department:

VA Facility Name:

Facility Address:

Point of Contact:

Point of Contact Phone:




**For Period Ending:**

New Volunteer <sup>1</sup>	Last Name <sup>2</sup>	First Name <sup>3</sup>	Address <sup>4</sup>	Email <sup>5</sup>	Phone <sup>6</sup>
					

1. If this is the first time reporting for a new volunteer, please ensure you check this box.
2. The last name of the volunteer
3. The first name of the volunteer. Please state the name to which the individual was reported to create a profile. (ie, if his name is Robert, but you reported him as Bob, please put Bob)
4. The address of the volunteer. This is not required.
5. The e-mail of the volunteer. This is not required.
6. The phone number of the volunteer. This is not required.

# Volunteer Information on Form 40

Please Check Box

DAV	DAV Auxiliary	Other
		
		
		

Please ensure you check off the box to which the volunteer's hours are being credited.



# Volunteer Information on Form 40

Official VAVS Transportation Activity			
Volunteer Hours - Driver	Mileage Logged	Number of Veterans Transported	Volunteer Hours Non-Driver
80	250	6	
			120

- When recording, please include all hours, number of veterans and miles, even if they are not a DAV driver.
- Non-driver typically applies to all Transportation Network office work, any unpaid HSC hours, etc.

# VA Voluntary Services (VAVS)

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The VAVS Program provides a broad array of services to veterans in VA health care facilities throughout our nation. Our volunteers perform crucial duties such as being a friend to a veteran during days of recovery or therapy. Volunteers offer meaningful experiences and assist veterans in living healthy and fulfilled lives.

# VAVS Monthly Reporting Form 50

## VAVS Monthly Reporting Form 50

DAV or DAV Auxiliary Department:

VA Facility Name:

Facility Address:

Point of Contact:

Point of Contact Phone:

For Period Ending:

						Please Check Box							VAVS Certified Hours	
New Volunteer	Last Name	First Name	Address	Email	Phone	Volunteer	State Chairperson	Representative	Deputy Rep	Associate Rep	Deputy Associate Rep	Honorary Rep	DAV	DAV Auxiliary

This form can be located at:

<https://www.dav.org/wp-content/uploads/VAVS50.pdf>

This form is also available by contacting the Voluntary Services Department at [vavs@dav.org](mailto:vavs@dav.org) or toll free (888) 480-6786.



# Contact Information on Form 50

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## VAVS Monthly Reporting Form 50

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DAV or DAV Auxiliary Department:

VA Facility Name: <sup>1</sup>

Facility Address: <sup>2</sup>

Point of Contact: <sup>3</sup>

Point of Contact Phone: <sup>4</sup>

For Period Ending: <sup>5</sup>

1. The name of the VA Facility where the volunteers' hours will be credited.
2. This is the address of the VA Facility
3. The name of the person filling out the Form 50
4. This is the number where the contact can be reached.
5. The period ending is the month and year in which the volunteer services were completed.

# Volunteer Information on Form 50

## VAVS Monthly Reporting Form 50

DAV or DAV Auxiliary Department:

VA Facility Name:

Facility Address:

Point of Contact:



Point of Contact Phone:

**For Period Ending:**

New Volunteer <sup>1</sup>	Last Name <sup>2</sup>	First Name <sup>3</sup>	Address <sup>4</sup>	Email <sup>5</sup>	Phone <sup>6</sup>

1. If this is the first time reporting for a new volunteer, please ensure you check this box.
2. The last name of the volunteer
3. The first name of the volunteer. Please state the name to which the individual was reported to create a profile. (ie, if his name is Robert, but you reported him as Bob, please put Bob)
4. The address of the volunteer. This is not required.
5. The e-mail of the volunteer. This is not required.
6. The phone number of the volunteer. This is not required.

# Volunteer Role on Form 50

Please Check Box						
Volunteer	State Chairperson	Representative	Deputy Rep	Associate Rep	Deputy Associate Rep	Honorary Rep
						
						

- You MUST identify the role which applies to the individual.
- In most instances the volunteer you are reporting is a regular volunteer, who does not hold a title/billet.

# Volunteer Hours on Form 50

VAVS Certified Hours	
DAV	DAV Auxiliary
25	
	100

- Here you will report the hours and distinguish if the hours are for DAV or DAV Auxiliary.
- A volunteer may have both DAV and DAV Auxiliary hours in the same reporting period. You can report both on the same form.

# Volunteer Levels and Awards

Level	Miles	Hours
1	1	1
	Gift: DAV Lanyard/Brochure Kit Pin: Volunteer	
2	2500	50
	Gift: DAV Microfiber Cloth & Phone Wallet Pin: 2,500 Mile or 50 Hour	
3	5000	100
	Gift: DAV Luggage Tag Pin: 5,000 Mile or 100 Hour	
4	7500	150
	Gift: DAV Drawstring Bag Pin: 7,500 Mile or 150 Hour	
5	10000	200
	Gift: Padfolio Pin: 10,000 Mile or 200 Hour	
6	15000	250
	Gift: DAV Volunteer Ball Cap Pin: 15,000 Mile or 250 Hour	
7	25000	500
	Gift: Portable Charger Pin: 25,000 Mile or 500 Hour	
8	35000	750
	Gift: 12 Can Cooler Pin: 35,000 Mile or 750 Hour	
9	50000	1000
	Gift: Tumbler Cup Pin: 50,000 Mile or 1,000 Hour	
10	75000	2000
	Gift: Retractable Lantern Pin: 75,000 Mile or 2,000 Hour	
11	100000	3000
	Gift: Maglite Pin: 100,000 Mile or 3,000 Hour	
12	150000	5000
	Gift: Flag Pin: 150,000 Mile or 5,000 Hour	
13	175000	7500
	Gift: DAV Blanket Pin: 150,000 Mile or 7,500 Hour	
14+	200000	10000
	Gift: Carhart Work Duffle Bag Pin: 200,000 Mile or 10,000 Hour	







## Tips and Advice

- If a volunteer has hours for both VAVS and TN, please make sure you fill out both forms. VAVS and TN hours should be reported separately and should not be combined on one form.
- If you complete the form electronically, it is recommended that you fill out all current volunteers information and save a hard copy. Then each month you would only need to add the names of any new volunteers and edit the hours for current volunteers.
- If you print the forms to mail, please ensure you print them on legal size paper.
- Once your monthly reports are complete please e-mail them to [vavs@dav.org](mailto:vavs@dav.org)
  - **If your Department has requested that you submit hours directly to them, please continue to do so. The new forms do not change any current procedures set by a DAV Department.**



**DAV EMPOWERS VETERANS**

RESPECT

ADVOCACY

**HONOR**

SUPPORT

**COMMITMENT**