

# VAVS REPRESENTATIVE

## YEAR-END REPORT

## GRAND

Mail to: **Supreme VAVS Representative**  
Rebecca Wischmeyer  
904 Bourn Avenue  
Columbia, MO 65203

Report by: April 30, 2021

Date: \_\_\_\_\_

Grand: \_\_\_\_\_

Name of VA Medical Center: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Date of Annual Joint Review: \_\_\_\_\_

Number of hours you worked this year at VA Medical Center for MOCA: \_\_\_\_\_

Number of VAVS meetings you attended: \_\_\_\_\_

How many volunteers did you recruit during current year: \_\_\_\_\_

Type of programs or parties held during current year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and number of MOC Auxiliaries volunteering at this facility: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person making report

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
E-mail

***MAIL ONLY ONE COPY!***