

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

Date _____

Detachment of: _____

Mail To:

**National VAVS Representative
Sons of The American Legion
208 Ferris Hills at West Lake
Canandaigua, NY 14424**

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

NAME & ADDRESS OF VA FACILITY: _____

A. VAVS COMMITTEE - REPRESENTATIVE

Name _____ Member #: _____
Mailing Address _____
Email Address _____
Date of Birth _____ Squadron # _____
Telephone Number: Home _____ Work/Cell _____

B. VAVS COMMITTEE - DEPUTY REPRESENTATIVE

Name _____ Member #: _____
Mailing Address _____
Email Address _____
Date of Birth _____ Squadron # _____
Telephone Number: Home _____ Work/Cell _____

C. VAVS COMMITTEE - ASSOCIATE REPRESENTATIVE

Name _____ Member #: _____
Mailing Address _____
Email Address _____
Date of Birth _____ Squadron # _____
Telephone Number: Home _____ Work/Cell _____

Additional Information---Optional _____

Term of appointment will be **indefinite**, except upon non-performance of minimal guidelines, or written advice of the Sons of The American Legion National VAVS Representative.

Nominating SAL Officer/Title

Detachment VA&R Commission Chair

Detachment Adjutant

Associate Detachment VA&R Chair(if applicable)

SAL National VAVS Representative

INSTRUCTIONS

PURPOSE:

The purpose of this form is to certify members of The Sons of The American Legion to represent the SAL at local VA Hospitals and Medical Centers for the purpose of informing all members of volunteer opportunities and donation needs. The SAL member nominated should be familiar with the VAVS program and have the intent of serving in this vital position. A Deputy and/or Associate representative can also be appointed to assist an SAL VAVS Representative. The Associate (if applicable) is an SAL member serving the local VA in one State, but residing in a neighboring State.

PROCEDURES:

1. The VAVS nominee must be at least 21 years of age as of the date of application. This does not affect 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 is indefinite**, but will be terminated upon non-performance of minimal guidelines. Appointments may be made at any time with the appropriate nomination form signed by the **Detachment Adjutant and VA&R Chair**. Upon all approvals, the nomination form should be sent to the **SAL National VAVS Representative**, for final approval. Approval will also be needed from the VA&R Chair from the neighboring State, if the applicant will be an Associate Representative to the VA from that neighboring State.
3. Upon all approvals, the SAL National VAVS Representative will notify the appointee, all signatory, and CDCE Chief of the respective VA facility. Appointee will ensure that he be given from the VA the assignment **VAVS Committee-Representative** or **VAVS Committee-Deputy in the case of a Deputy appointment** or **VAVS Committee-Associate in the case of an Associate appointment**, and that his **Primary Organization** be affiliated with the **Sons of The American Legion**.
4. A Deputy or Associate 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 as indicated, with final approvals by the Sons of The American Legion National VAVS Representative.
3. A copy of this form should be kept by the Detachment for record purposes. **Each Detachment, and the SAL National VAVS Representative**, is responsible for maintaining records of their hospital representatives.