

Local Veterans Assistance Program Monthly Report Form

Department LVAP Monthly Report for		/ /		Year 3. State	
2. Chapter Name (if applicable)					
4. Volunteer Name	5. Date of Birth	6. DSO/CSO Work	7. Fundraising Efforts	8. Outreach Events	9. Veteran Assistance
10. TOTAL					

LVAP MONTHLY REPORT INSTRUCTIONS

Item 1 Indicate the month and year of this report. **One form should be used for each month being reported.**

Item 2 and 3 Name of the chapter (if applicable), and the state it is located in.

Item 4 Volunteers full name.

Item 5 Volunteers date of birth

Items 6 thru 9 Report the volunteer's hours for DSO/CSO work, fundraising efforts, outreach events and veterans assistance.

Item 10 Grand total of each category.