



VAVS SUMMARY OF ANNUAL JOINT REVIEW

NAME OF FACILITY/STATION NUMBER/ADDRESS		NAME OF ORGANIZATION		DATE OF REVIEW
I. STATISTICS (From Representative)		THIS YEAR	LAST YEAR	GROWTH RATE + -
A. 1. NUMBER OF R.S. VOLUNTEERS				
2. NUMBER OF R.S. VOLUNTEER HOURS				
3. NUMBER OF OCCASIONAL VOLUNTEER HOURS				
4. NUMBER OF ALL VOLUNTEER HOURS				
5. NUMBER OF YOUTH VOLUNTEERS				
6. NUMBER OF NEW VOLUNTEERS				
7. NUMBER OF NEW R.S. VOLUNTEER ASSIGNMENTS				
8. TOTAL CASH DONATIONS				
9. TOTAL ESTIMATED VALUE OF NON CASH DONATIONS				
B. 1. ESTIMATED NUMBER OF LOCAL ORGANIZATIONAL UNITS WITHIN VAMC AREA:				
2. ESTIMATED TOTAL MEMBERSHIP:				
3. NUMBER OF UNITS CONTACTED:				
4. NUMBER OF UNITS VOLUNTEERING:				
II. ANNUAL REVIEW (From Representative)		EXCELLENT	GOOD	FAIR
A. QUALITY OF VA STAFF SUPERVISION (NOT VAVS)				
B. QUALITY OF VOLUNTARY SERVICE SUPPORT				
C. QUALITY OF ORGANIZATION SUPPORT				
III. GOALS AND OBJECTIVES. (Evaluate last year's progress; Set next year's goals) (From Representative and Chief)				
IV. COMMENTS: Concerns/Extra Efforts/Retention/Fund Raising Activities/Special Events/Media Use/Volunteer Assignments/Recruitment (From Representative and Chief)				
<p>VAVS Representative _____ Chief, Voluntary Service _____</p> <p style="text-align: right;">(Attach additional pages if needed)</p>				