



ELKS VOLUNTARY SERVICE PROGRAM*
2750 N. Lakeview Ave.
Chicago, IL 60614-1889
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ELKS NATIONAL VETERANS SERVICE COMMISSION PROPOSAL TO ADD NEW FACILITY

New facilities can only be approved after research is done by local members. Recommendations for a new facility can come from any Elks member—Lodge Veterans Chairs, Representatives or Deputy Representatives*, State Sponsors or State Officers.

Please consider potential volunteer duties, possible use of funds, and existing volunteer support. **Include information about how Elks will be actively involved beyond donating supplies.** After research on the local level, the State Veterans Chair, State President and State Sponsor must approve. Once these approvals are obtained, the State Veterans Chair should submit the proposal to the Chicago ENVSC office.

The amount of funding usually depends on the size of the facility and how many patients are served. Outpatient clinics and smaller facilities generally receive the minimum, currently \$125.00 per month.

New facility proposals are considered twice a year, at the Elks National Veterans Service Commission’s bi-annual board meetings. These meetings take place in early February and late June. If approved by a majority vote of the Commission, our headquarters will notify the State Chair and State President.

Please note that funding cannot begin until a Representative is in place at the facility. If the name of the Elk who is willing to become the Representative is known ahead of time, his or her name may be submitted along with the proposal for the facility.

**Although the terms Representative and Deputy Representative are titles created for use in the VA Voluntary Service program, the ENVSC also uses those titles for Elks volunteers serving at State Veterans Homes and other non-VA facilities.*

Facility Information

Date: _____

Name of Facility: _____

Contact at Facility (Name & Title): _____

Contact Email: _____ Contact Phone: _____

Facility Address: _____

Facility type:

VAMC State Veterans Home VA CBOC (outpatient clinic) Other

If other, please explain: _____

Number of Beds/ Facility Size/ Organization Capacity (please explain): _____

Why is this facility in need of Elks volunteer support and funding? What will Elks volunteers do each month? What will the funds be spent on? (This is a mandatory question.)

Proposed VAVS Representative: (If Applicable)

Name: _____

Address: _____

Email: _____ Phone: _____

Lodge Name: _____ Lodge No. _____

Proposed Deputy VAVS Representative: (If Applicable)*

Name: _____

Address: _____

Email: _____ Phone: _____

Lodge Name: _____ Lodge No. _____

**Each facility may have up to 3 Deputy VAVS Representatives. We encourage each facility to have at least one.*

Approval of Facility By: (Signatures required)

State Sponsor: _____ Date: _____

State President: _____ Date: _____

State ENVSC Chair: _____ Date: _____