



VA VOLUNTARY SERVICES PROGRAM (VAVS)

USER MANUAL

Disabled American Veterans

VA Voluntary Services Program

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OBJECTIVES OF THIS USER MANUAL

The goals of this user manual are as follows:

- To provide instruction regarding VAVS Representative positions including:
 - How to appoint VAVS State Chairpersons, Representatives, Deputy Representatives, Associate Representatives, and Deputy Associate Representatives
 - How to remove VAVS State Chairpersons, Representatives, Deputy Representatives, Associate Representatives, and Deputy Associate Representatives

- To provide instruction on using the Monthly Reporting Form 50 – VAVS including:
 - Reporting VAVS hours for a new volunteer
 - Reporting VAVS hours for existing volunteers
 - Updating volunteer personal information
 - Sending VAVS hours to DAV National Headquarters

- To provide instruction for removing a volunteer due to:
 - Move to another state/city
 - Suspension of volunteer duties
 - Death

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ABOUT THE VA VOLUNTARY SERVICES PROGRAM

The VAVS Program provides a broad array of services to veterans in VA health care facilities throughout our nation. DAV volunteers perform crucial duties, from being a buddy to a veteran during days of recovery or therapy to doing tasks that require highly technical and professional skills.

Through this program, DAV volunteers provide services to our nation's heroes at VA medical centers, community living centers and clinics. Volunteers offer meaningful experiences and assist veterans in living healthy and fulfilled lives.

VAVS initiatives are carried out through VA facilities across the country. Volunteers can choose to donate their time to the DAV or the DAV Auxiliary.

In 2023, DAV and DAV Auxiliary volunteers donated 498,969 hours, saving taxpayers nearly \$17.5 million.

DAV is required to report volunteer hours to Congress, watchdog groups, members and donors

Volunteers that donate their time to DAV become eligible for the Volunteer Recognition Program

DAV and DAV Auxiliary volunteers **do not** have to be members of DAV or DAV Auxiliary

VAVS JOB DESCRIPTIONS AND DEFINITIONS

VAVS: DAV - All hours volunteered in a VA Facility that the volunteer has chosen to credit to DAV but have not reported under DAV Transportation.

VAVS: DAV Auxiliary - All hours volunteered in a VA Facility that the volunteer has chosen to credit to DAV Auxiliary but have not reported under DAV Transportation.

Sample Monthly Reporting Form 50 – VAVS

1	Membership Number (if Applicable)	First Name	Middle Name	Last Name	Address Line 1	City	State	Zip	Email	Phone	Date Of Birth	Location	Date Volunteered	Job Description	Hours
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
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39															
40															
41															
42															

This is an example of the Monthly Timesheet. You will use this timesheet to report any hours volunteered through the VA Voluntary Services Program.

You can find the blank form on the DAV Members Only Portal – [here](#)

If you would like the form populated with your facility’s active volunteers, please contact vavs@dav.org to request this form.

Instructions for the Monthly Reporting Form 50 – VAVS

(These instructions are also included on the Instructions worksheet in the monthly reporting workbook.)

Reporting Hours for New Volunteers:

Instructions for the Monthly Reporting Form 50
DAV VA Voluntary Services Program

NOTE: No changes are to be made to the format of the any of the worksheets within this Monthly Reporting workbook. Changes to the format will result in the failure of data being uploaded into the system.

Once a volunteer has been added to the reporting form, there is no need to remove them. If the volunteer has not submitted hours for the current month, please indicate that with a 0 in the Hours column. New volunteers can be added to the bottom of the current listing.

Please use the instructions below to complete the Monthly Timesheet worksheet, which is the first tab of this workbook.

All completed reporting form should be emailed to VAVS@dav.org. Please have the prior months report submitted by the 5th of each month. For Example: The January Hours should be reported no later than February 5th.

Column Name	Required	Instructions	Why Required
Membership Number (If Applicable)	No	If the volunteer is a DAV or DAV Auxiliary member, you can enter their membership number here.	This information is not required but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if the volunteer does not wish to provide their address or other identifying information. If a membership number is provided the address information can be left blank.
First Name	Yes	Please enter the first name of the volunteer.	The name is required for every volunteer for whom hours are reported. This is an essential field, because without a name we are not able to properly credit the volunteer for their hours. If this field is blank, it will result in the failure of data being uploaded into the system.

1. Open the Monthly Reporting Form 50 – VAVS Excel workbook.
 - a. The second worksheet in the Excel file is a list of detailed instructions for completing the Form 50.

	A	B	C	D
1	Membership Number (If Applicable)	First Name	Middle Name	Last Name
2				
3				
4				
5				
6			+	
7				
8				
9				
10				
11				
12				

2. Go to the Monthly Timesheet worksheet in the Monthly Reporting Form 50 – VAVS Excel workbook.
3. You will need to fill out the following information on any volunteers:
If you already have volunteer information populated on the form, you can simply add any new volunteer information to the first blank line of the form.

Please indicate new volunteers using red font.

- a. **Membership Number – Not Required**
If the volunteer is a DAV or DAV Auxiliary member, you can enter their membership number here. This information is not required but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if the volunteer does not wish to provide their address or other identifying information. If a membership number is provided the address information can be left blank.
- b. **First Name – Required**
The name is required for every volunteer for whom hours are reported. This is an essential field, because without a name we are not able to properly credit the volunteer for their hours. If this field is blank, it will result in the failure of data being uploaded into the system.
- c. **Middle Name – Not Required**
This information is not required, but is helpful in determining if the proper volunteer is receiving credit for the hours.
- d. **Last Name – Required**
The name is required for every volunteer for whom hours are reported. This is an essential field, because without a name we are not able to properly credit the volunteer for their hours. If this field is blank, it will result in the failure of data being uploaded into the system.

	E	F	G	H
1	<u>Address Line 1</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

e. Address Line 1 – Required

The address is now required for every volunteer for whom hours are reported. This is an essential field, because without it we are not able to properly credit the volunteer for their hours. If this field is blank, it will result in volunteer hours being added to the facility rather than the individual. There is no way to credit this to an individual later.

f. City – Required

The address is now required for every volunteer for whom hours are reported. This is an essential field, because without it we are not able to properly credit the volunteer for their hours.

g. State – Required

The address is now required for every volunteer for whom hours are reported. This is an essential field, because without it we are not able to properly credit the volunteer for their hours.

h. Zip – Required (Please enter the zip code without the +4 of the postal code)

The address is now required for every volunteer for whom hours are reported. This is an essential field, because without it we are not able to properly credit the volunteer for their hours.

If your zip code has a leading zero and the entry has dropped the leading 0 please highlight column G on the worksheet and right click your mouse. From here choose Format Cells – Category: Special – Type: Zip Code – Click OK

	I	J	K
1	Email	Phone	Date Of Birth
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12		+	

- i. **Email – Not Required**
This information is not required, but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if there is more than one volunteer with the same name residing at the same location.

- j. **Phone – Not Required**
This information is not required, but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if there is more than one volunteer with the same name residing at the same location.

- k. **Date of Birth – Not Required**
This information is not required, but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if there is more than one volunteer with the same name residing at the same location.

	L	M	N	O
1	<u>Location</u>	<u>Date Volunteered</u>	<u>Job Description</u>	<u>Hours</u>
2				
3				
4				
5				
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12				

l. Location – Required

This is the Facility ID number. If you report hours for more than one facility you can use the same spreadsheet, just be sure to change the location field as appropriate. A complete listing of location codes is located on the Location Codes worksheet.

The location is required because without this critical information, the hours will not be reported to the correct facility.

m. Date Volunteered – Required

Please report the volunteer’s hours as a bulk total for the month by entering the ending date for the month in which the hours were volunteered. Ex. If the volunteer helped each Friday in January for 5 hours, their 25 hours would be reported with a date volunteered of 1/31/2020.

Job Description – Required

Please choose the appropriate type of hour from the drop down provided. A brief description of the various types are provided above, as well as on the Instructions worksheet in the monthly reporting workbook.

The job description is required because without this critical information, the hours will not be reported as the correct type. If this field is blank, it will result in the failure of data being uploaded into the system.

n. Hours – Required

This is the number of hours the volunteer should receive credit for on any given day, or as a monthly total.

Please indicate new volunteers using red font.

Reporting Hours for Existing Volunteers

1	Membership Number (if Applicable)	First Name	Middle Name	Last Name	Address Line 1	City	State	Zip	Email	Phone	Date Of Birth	Location	Date Volunteered	Job Description	Hours
2															
3															
4															
5															
6															
7															
8															
9															
10															
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39															
40															
41															
42															

1. Go to the Monthly Timesheet worksheet in the Monthly Reporting Form 50 – VAVS Excel workbook.

	a	b	c	d
1	<u>Location</u>	<u>Date Volunteered</u>	<u>Job Description</u>	<u>Hours</u>
2				
3				
4				
5				
6				
7				
8				
9				
10				

2. For existing volunteers, you can leave their personal data on the form from month to month and simply add the following information:

a. Location – Required

This is the Facility ID number. If you report hours for more than one facility you can use the same spreadsheet, just be sure to change the location field as appropriate. A complete listing of location codes is located on the Location Codes worksheet.

The location is required because without this critical information, the hours will not be reported to the correct department. Hours reported under a chapter's location code will roll up to the department in which that chapter belongs.

b. Date Volunteered – Required

Please report the volunteer’s hours as a bulk total for the month by entering the ending date for the month in which the hours were volunteered. Ex. If the volunteer helped each Friday in January for 5 hours, their 25 hours would be reported with a date volunteered of 1/31/2020.

c. Job Description – Required

Please choose the appropriate type of hour from the drop down provided. A brief description of the various types are provided above, as well as on the Instructions worksheet in the monthly reporting workbook.

The job description is required because without this critical information, the hours will not be reported as the correct type. If this field is blank, it will result in the failure of data being uploaded into the system.

d. Hours – Required

This is the number of hours the volunteer should receive credit for on any given day, or as a monthly total.

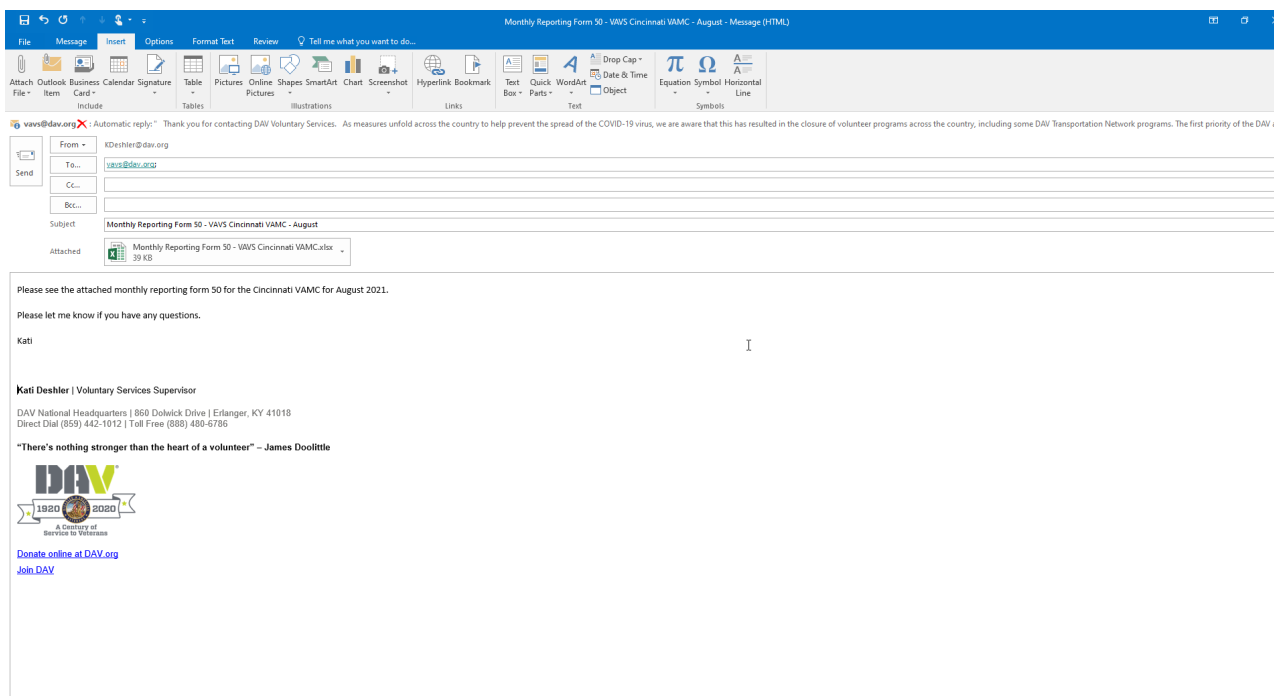
Changes to Volunteer Personal Information:

	A	B	C	D	E	F	G	H	I
1	First Name	Middle Name	Last Name	Address Line 1	City	State	Zip	Email	Phone
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
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22									
23									
24									
25									
26									

1. If a volunteer makes changes to their personal data, you can simply type the new information into the existing row and column. This will overwrite the data in the worksheet and the DAV Voluntary Services team will make the change when we receive the reporting form.

Please indicate changes to personal information using red font.

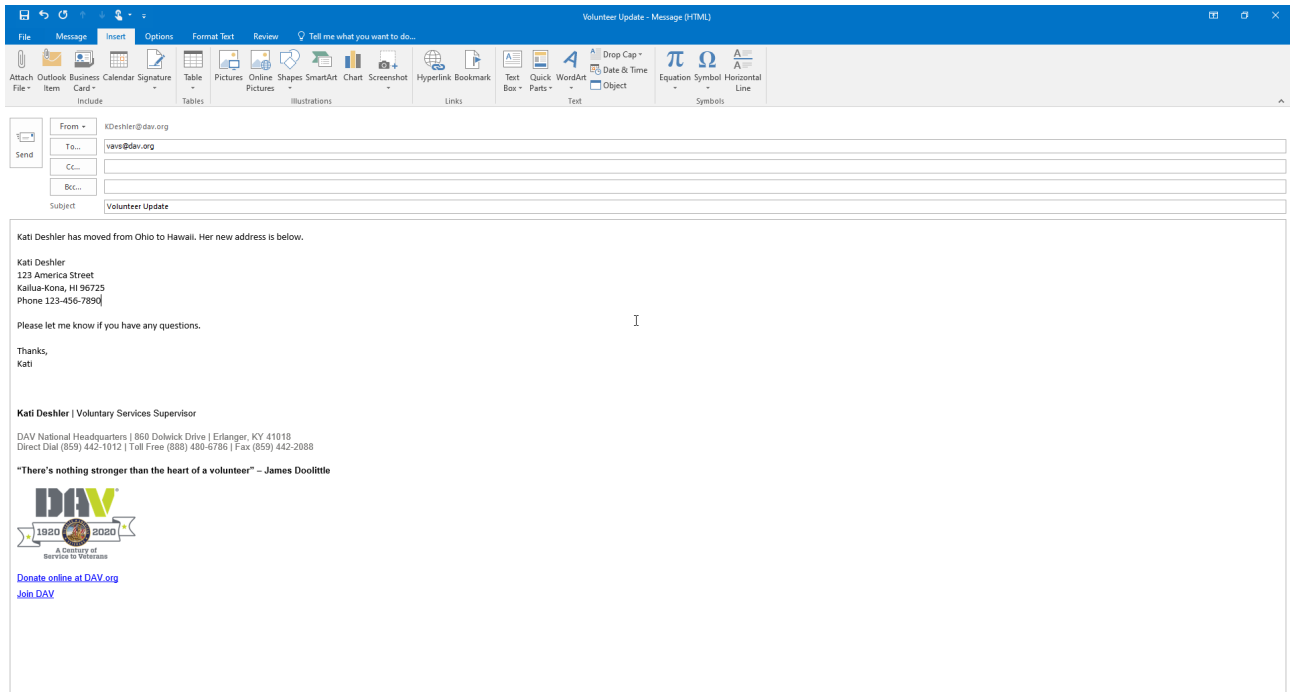
Sending Reports to DAV National Headquarters:



1. Send the monthly report in and email to DAV Voluntary Services at vavs@dav.org.
 - a. Please include:
 - i. Facility State
 - ii. Facility Name
 - iii. Month for which you are reporting
 - iv. Contact information for any questions

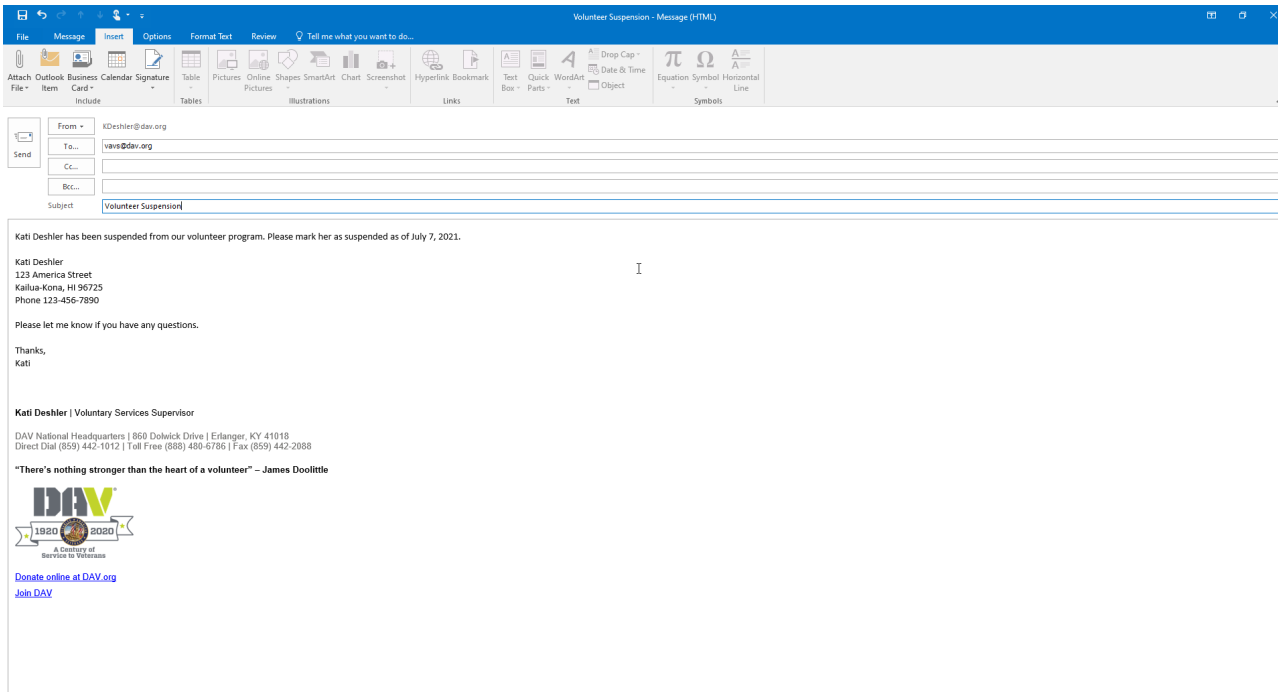
Removing Volunteer Data:

Change of Location: If an existing volunteer informs you of a move that will take them out of your area, please do the following:



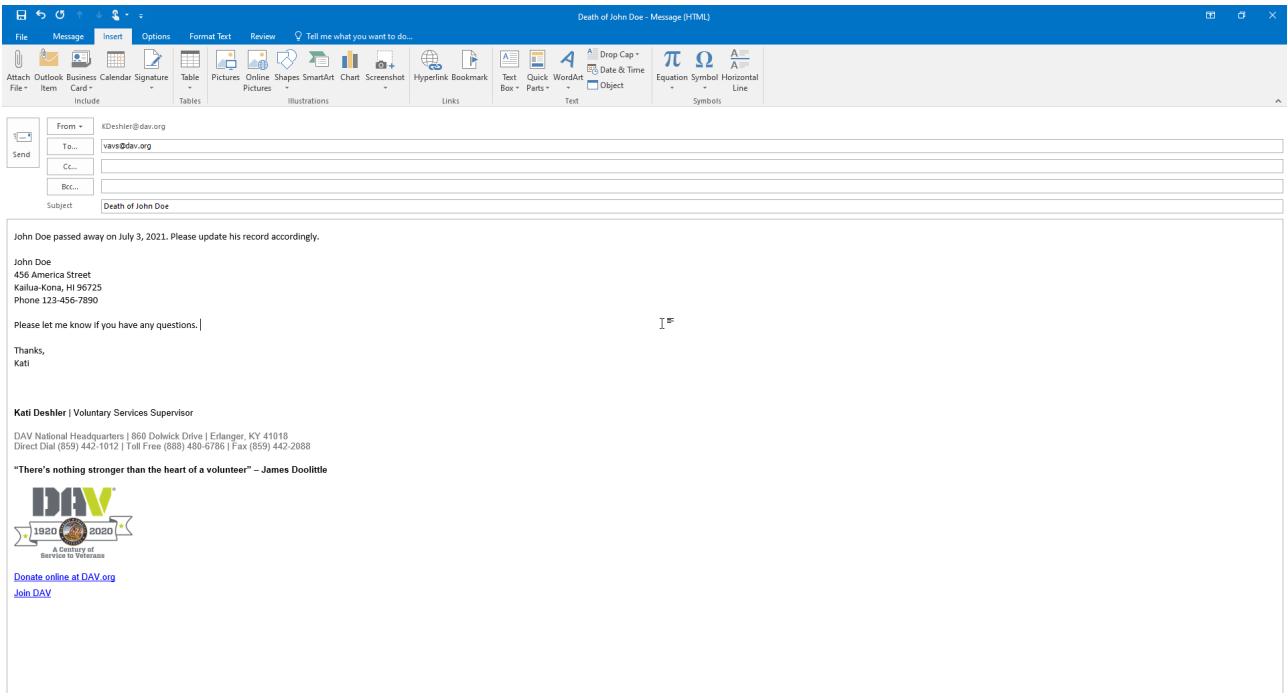
1. Send an email to DAV Voluntary Services at vavs@dav.org.
 - a. Please include:
 - i. Volunteer Name
 - ii. New Address
 - iii. New Phone
 - iv. Contact information for any questions
2. Open the Monthly Reporting Form 50 – VAVS and highlight the row that contains the volunteer's personal information, Right Click, choose Delete

Suspension of Volunteer: If an existing volunteer has been suspended from your program, please do the following:



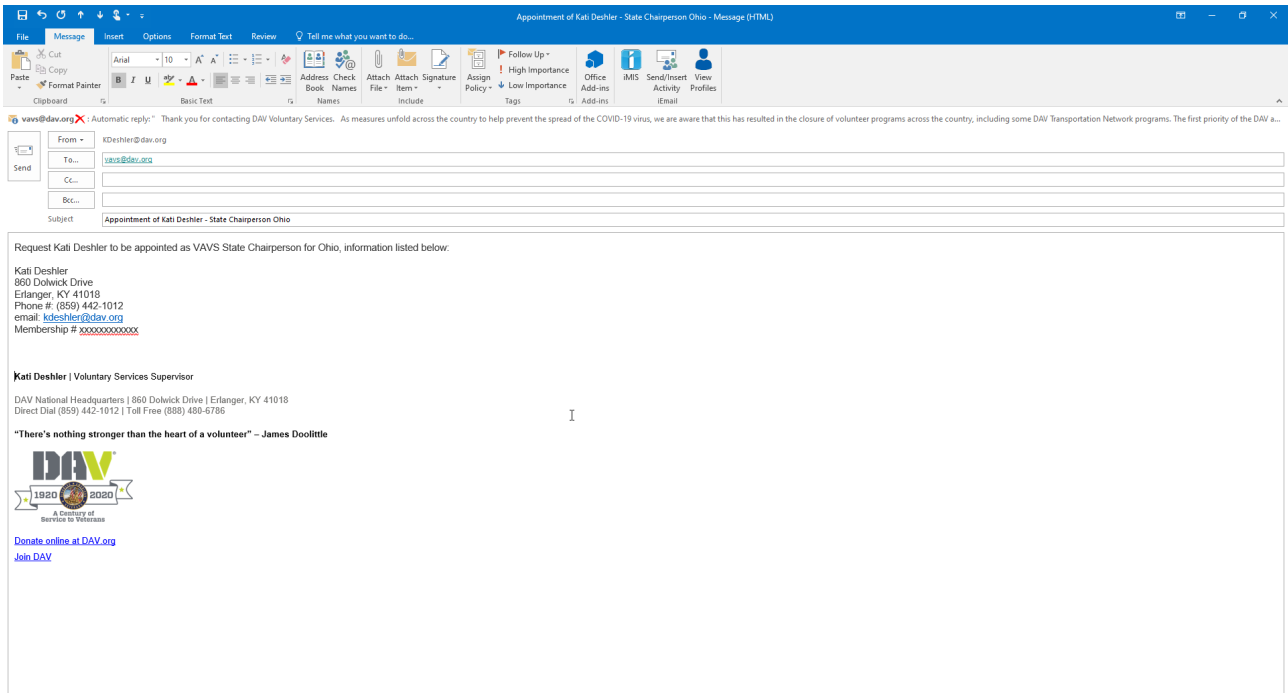
1. Send an email to DAV Voluntary Services at vavs@dav.org.
 - a. Please include:
 - i. Volunteer Name
 - ii. Address
 - iii. Phone
 - iv. Reason for suspension
 - v. Contact information for any questions
2. Open the Monthly Reporting Form 50 – VAVS and highlight the row that contains the volunteer’s personal information, Right Click, choose Delete

Death of Volunteer: If an existing volunteer has deceased, please do the following:



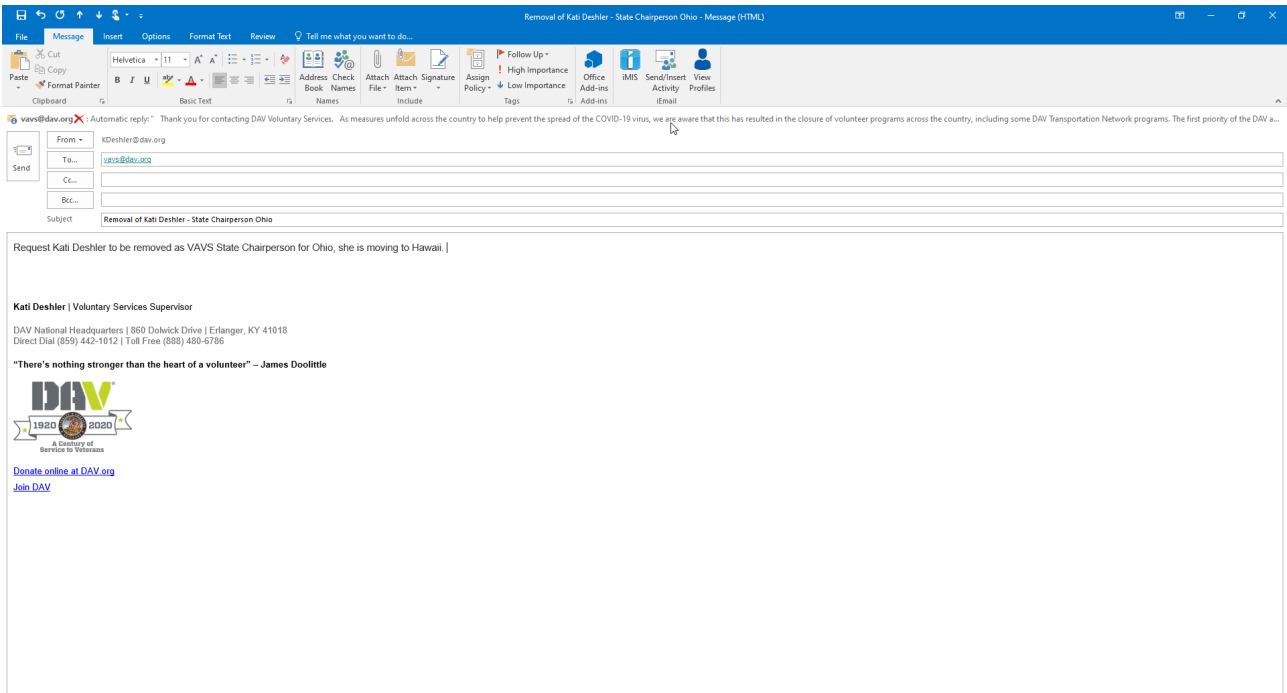
1. Send an email to DAV Voluntary Services at vavs@dav.org.
 - a. Please include:
 - i. Volunteer Name
 - ii. Address
 - iii. Phone
 - iv. Date of Death
 - v. Contact information for any questions
2. Open the Monthly Reporting Form 50 – VAVS and highlight the row that contains the volunteer’s personal information, Right Click, choose Delete

Appointment of VAVS State Chairpersons and Representatives:



1. Send an email to DAV Voluntary Services at vavs@dav.org.
 - a. Please include:
 - i. Facility Name
 - ii. Appointee Name
 - iii. VAVS Title
Ex. VAVS State Chairperson, VAVS Representative, VAVS Deputy Representative, VAVS Associate Representative, VAVS Deputy Associate Representative
 - iv. Address of Appointee
 - v. Phone Number of Appointee
 - vi. Email of Appointee
 - vii. Membership Number of Appointee
 - viii. Your contact information for any questions

Removal of VAVS State Chairpersons and Representatives:



1. Send an email to DAV Voluntary Services at vavs@dav.org.
 - a. Please include:
 - i. Facility Name
 - ii. Volunteer Name
 - iii. VAVS Title
Ex. VAVS State Chairperson, VAVS Representative, VAVS Deputy Representative, VAVS Associate Representative, VAVS Deputy Associate Representative
 - iv. Reason for removal
 - v. Your contact information for any questions

Volunteer Incentive Milestones:

At each volunteer mile or hour milestone, the volunteer will receive a generous gift from DAV as a token of DAV's appreciation for dedicating their time to helping veterans.

<u>Incentive Level</u>	<u>Hours</u>	<u>Miles</u>
Level 1	1	1
Level 2	50	2,500
Level 3	100	5,000
Level 4	150	7,500
Level 5	200	10,000
Level 6	250	15,000
Level 7	500	25,000
Level 8	750	35,000
Level 9	1,000	50,000
Level 10	2,000	75,000
Level 11	3,000	100,000
Level 12	5,000	150,000
Level 13	7,500	175,000
Level 14	10,000	200,000
Level 15	15,000	225,000
Level 16	20,000	300,000
Level 17	25,000	325,000
Level 18	30,000	350,000
Level 19	35,000	400,000
Level 20	40,000	500,000

Contact Information for DAV Voluntary Services at National Headquarters:

Email: vavs@dav.org

Mail: Voluntary Services
860 Dolwick Drive
Erlanger, KY 41018

Phone: (859) 441-7300 ext. 1313

Toll Free: (877) 426-2838 ext. 1313