

Department VA&R Award for Excellence

American Legion Department of South Dakota

Due to State Headquarters by May 1st.

Post # _____ **City** _____ **Date** _____

1. Does your Post have an active Post Service Officer (PSO) _____
2. Number of veterans assisted by your Post Service Officer (PSO) _____
3. Does your Post have medical equipment to loan to veterans _____ family members _____
4. Does your Post have activities/programs to help homeless veterans _____
5. Number of veterans for whom your Post have found employment _____
6. Number of veterans for whom your Post have found training opportunities _____
7. Does your Post provide military funeral honors _____
8. To date, the number of regularly scheduled (RS) volunteers and RS hours contributed to VA Voluntary Service (VAVS) programs within your Post.
RS Volunteers _____ # RS Hours _____
9. To date, the number of occasional volunteers and occasional hours contributed to VAVS programs within your Department.
Occasional Volunteers _____ # Occasional Hours _____
10. Number of new Post VAVS volunteers and assignments within the past year _____
11. Give a short report of the Posts activities within the VAVS program at local VA health care facilities, or any similar projects at State Veterans Homes, or other facilities.
(Attach short report.)
12. What does your Post do to encourage and support Youth volunteers?
(Either attach a short report or write in space below.)

13. Does your Post contribute to the General Post Funds at VA health care facilities _____

14. Does your Post have any special rehabilitation projects that regularly aid veterans and their dependents? (If yes, please list your projects either below or attach a list.)

15. List the Post funds expended in rehabilitation-related activities.

16. Does your Post have a regular rehabilitation publicity program to acquaint veterans as to Federal and State benefits?

Yes

No

17. Additional comments

CERTIFICATION: *(Post Adjutant and Post Commander sign and date)*

Post Adjutant signature / date

Post Commander signature / date

*Note: If more space is required to answer any of the questions on the form, please attach documentation.