



Charles B. Rigsby Veterans Affairs and Rehabilitation Volunteer of the Year Award

Section I – General Data

Nominee: _____
(name, address, city, state, zip code) (date)

Squadron #: _____
(name, address, city, state, zip code of Squadron)

SAL Card #: _____ Detachment of _____

Section II – Total VAVS Hours and Visits

Number of Hours Volunteered: _____ Number of Visits: _____

Section III – Remarks

Volunteer Activities : _____

Location of Volunteer Performance (VA Homes and Hospitals): _____

General Remarks: _____

Section IV – Certification

Submitted by: _____ Title: _____ Date: _____

Attested by: _____ Title: _____ Date: _____