LOCAL VETERANS ASSISTANCE PROGRAM (LVAP)

USER MANUAL

Disabled American Veterans

Local Veterans Assistance Program

OBJECTIVES OF THIS USER MANUAL

The goals of this user manual are as follows:

- To allow the user to define each of the various types of LVAP job descriptions and determine which job description most accurately reflects the type of volunteer work performed.

- To provide instruction on using the Monthly Reporting Form 60 – LVAP including:
  - Reporting LVAP hours for a new volunteer
  - Reporting LVAP hours for existing volunteers
  - Updating volunteer personal information
  - Sending LVAP 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 LOCAL VETERANS ASSISTANCE PROGRAM

The Local Veterans Assistance Program (LVAP) was established in 2007 to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, professional abilities and time in ways that benefit veterans residing within their local communities.

The program empowers individuals to find and develop new and unique ways to support veterans and their families by providing resources, assistance or help with everyday needs.

LVAP initiatives are carried out through departments, chapters, auxiliary units, associated organizations, corporations and individuals.

Since the inception of the program, 57,513 volunteers have donated nearly 11.5 million hours to veterans residing in their local communities

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

LVAP Volunteers can dedicate their time in the following ways

- Chapter and Department Service Officer work
- DAV Specific outreach efforts
- Fundraising efforts
- DAV/DAVA Special Events (State Fair, Homeless Assistance including Stand Downs, Etc.
- Direct assistance to veterans, surviving spouses, or families
- Seminars, Training, and Activities designed to Operate Chapter / Department smoothly
- Grassroots Legislation

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

LVAP JOB DESCRIPTIONS AND DEFINITIONS

Chapter Service Officer - These are any hours worked by an official DAV Chapter Service Officer. Hours reported as CSO without a certification from the DAV National Service and Legislative HQ will not be credited. These hours should be reported whether the CSO is working in a paid, or non-paid position.

DAV Outreach - These are any hours dedicated to the furtherance of DAV's Mission and/or programs. Examples include: Seminars, Workshops, Training, VAVS Certification, Volunteer Driving Certification, Disaster Relief and thrift store activities. (Department and Chapter meetings that include a formalized seminar, workshop or training for DAV related programs may be reported as DAV Outreach. Meetings that do not include these sessions should not be reported.)

Department Service Officer - These are any hours worked by an official DAV Department Service Officer. Hours reported as DSO without a certification from the DAV National Service and Legislative HQ will not be credited. These hours should be reported whether the DSO is working in a paid, or non-paid position.

Fundraising - These are any hours performed for DAV Fundraising events. This should include hours for event planning, as well as day of event activities. Examples include: Forget-Me-Not drives, sweepstakes, Golden Corral events, local 5k events, etc.

Grassroots: Legislative - These are hours completed by a Benefits Protection Team Leader for the furtherance of DAV legislative efforts.

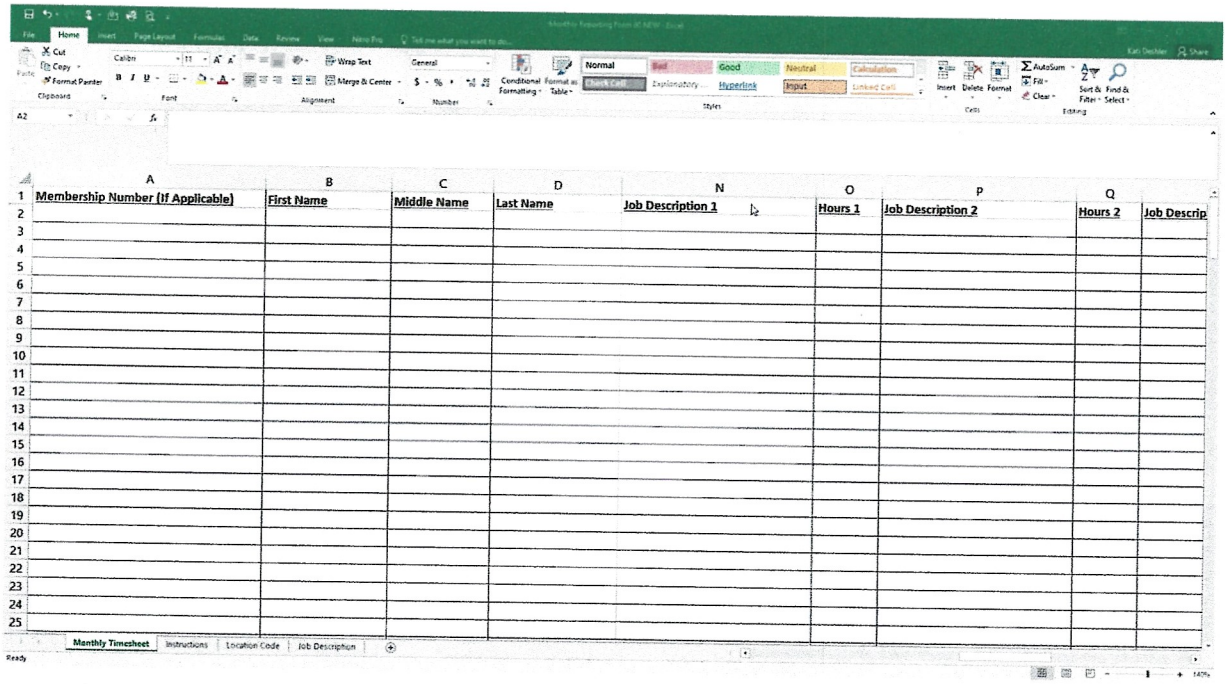
Homeless Stand Down - These are any hours completed for the planning and day of activities for a local Homeless Veterans Stand Down.

LVAP - Any hours completed for Department and/or Chapter initiatives that do not fit into a specific LVAP category.

Special Events - Any hours dedicated to a DAV or DAV Auxiliary event such as State Fairs, National Guard Mobilizations/Demobilizations, Memorial Day events, Veterans Day events etc. (Time spent in Department and Chapter meetings planning special events may be reported under Special Events. Meeting times that is not dedicated to event planning should not be reported.)

Veteran Assistance - Any hours dedicated to the direct assistance of veterans, spouses and families. Examples include: Yard Work, Home Repairs, Grocery Shopping, Caregiver Respite, and Rides to medical appointments (using private vehicles).

Sample Monthly Reporting Form 60 – LVAP



	A	B	C	D	N	O	P	Q	
1	Membership Number (If Applicable)	First Name	Middle Name	Last Name	Job Description 1	Hours 1	Job Description 2	Hours 2	Job Descrip
2									
3									
4									
5									
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8									
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Monthly Timesheet | Instructions | Location Code | Job Description

This is an example of the Monthly Timesheet. You will use this timesheet to report any hours volunteered through the Local Veterans Assistance Program.

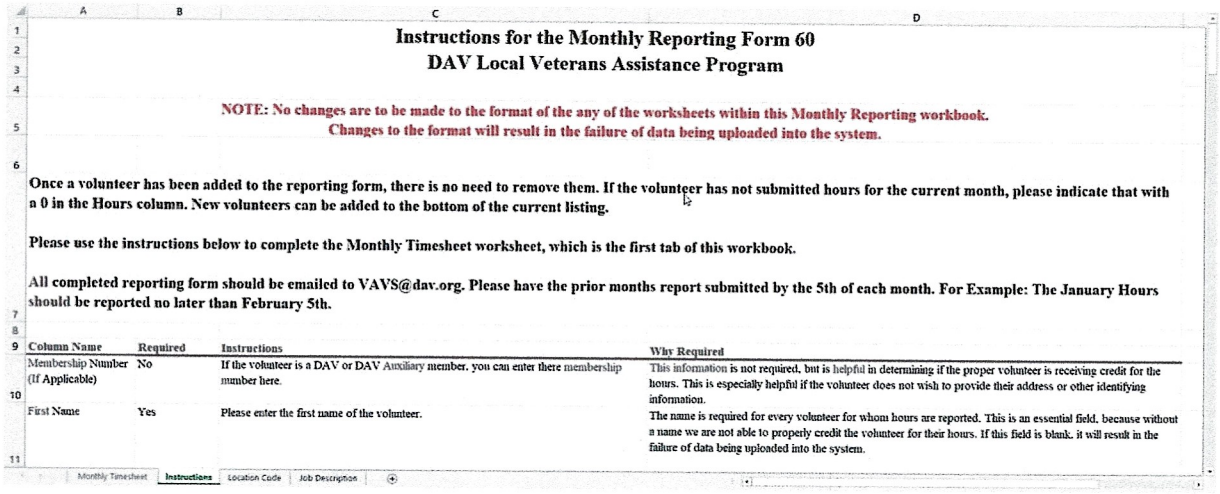
You can find the blank form on the DAV Members Only Portal – here

If you would like the form populated with your department or chapter's active volunteers, please contact vavs@dav.org to request this form.

Instructions for the Monthly Reporting Form 60 – LVAP

(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 60
DAV Local Veterans Assistance 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 there 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.
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.

Monthly Timesheet | Instructions | Location Code | Job Description

1. Open the Monthly Reporting Form 60 – LVAP Excel workbook.
   a. The second worksheet in the Excel file is a list of detailed instructions for completing the Form 60.

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

2. Go to the Monthly Timesheet worksheet in the Monthly Reporting Form 60 – LVAP 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	I
1	Address Line 1	City	State	Zip	Email
2					
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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 department or chapter 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. 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	K	L	M
1	**Phone**	**Date Of Birth**	**Location**	**Date Volunteered**
2				
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10				
11				
12				

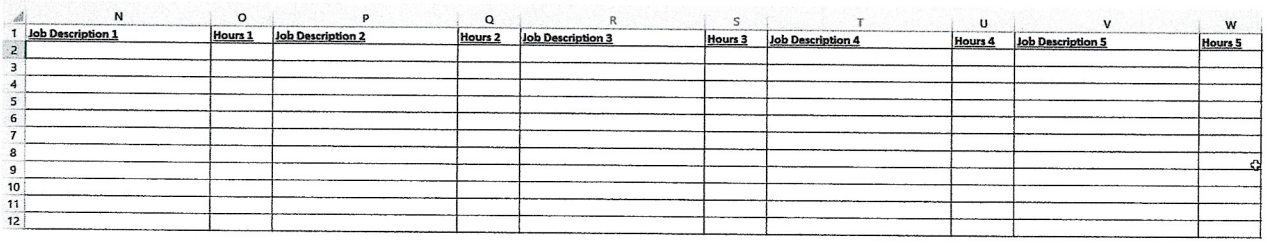
j. Phone – Not Required
This information is not required but is helpful in determining if the proper volunteer is receiving credit for the hours. This is especially helpful if there is more than one volunteer with the same name residing at the same location.

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. Location – Required
This is the Organization ID number. If you report hours for more than one chapter, or for a chapter and department, 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.

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.



	N	O	P	Q	R	S	T	U	V	W
1	Job Description 1	Hours 1	Job Description 2	Hours 2	Job Description 3	Hours 3	Job Description 4	Hours 4	Job Description 5	Hours 5
2										
3										
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n. Job Description 1 – 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.

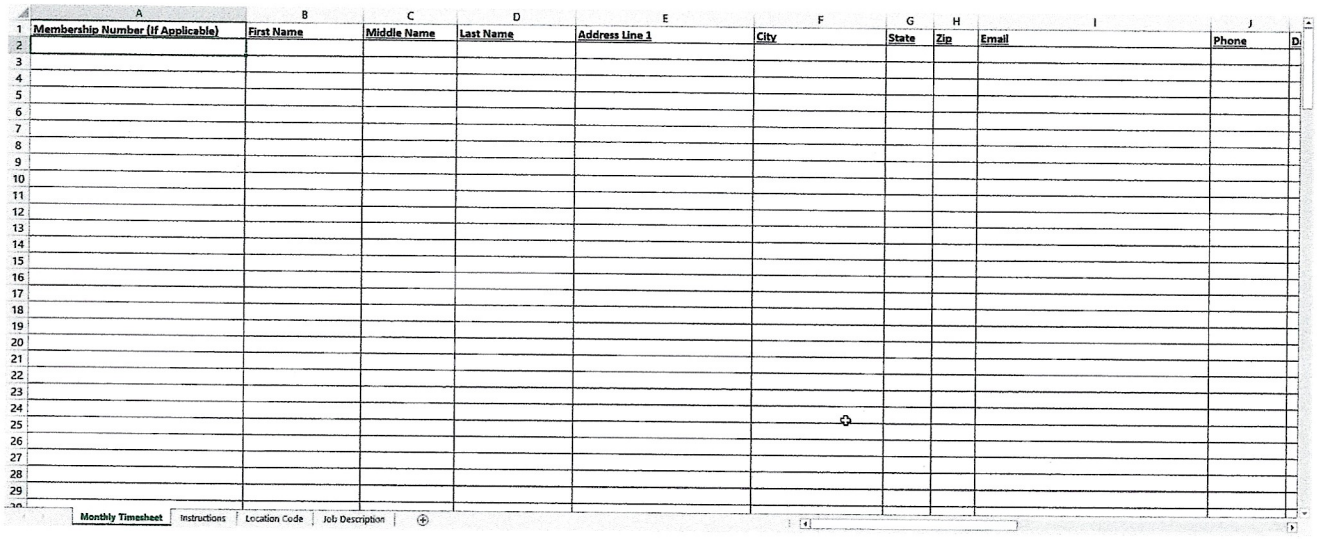
o. Hours 1 – Required
This is the number of hours the volunteer should receive credit for on any given day, or as a monthly total.

p. through w.
You can enter up to 5 different job descriptions with corresponding hours on a single row. If the volunteer has performed more than 5 different types of hours in a month, please enter a second line for that volunteer.

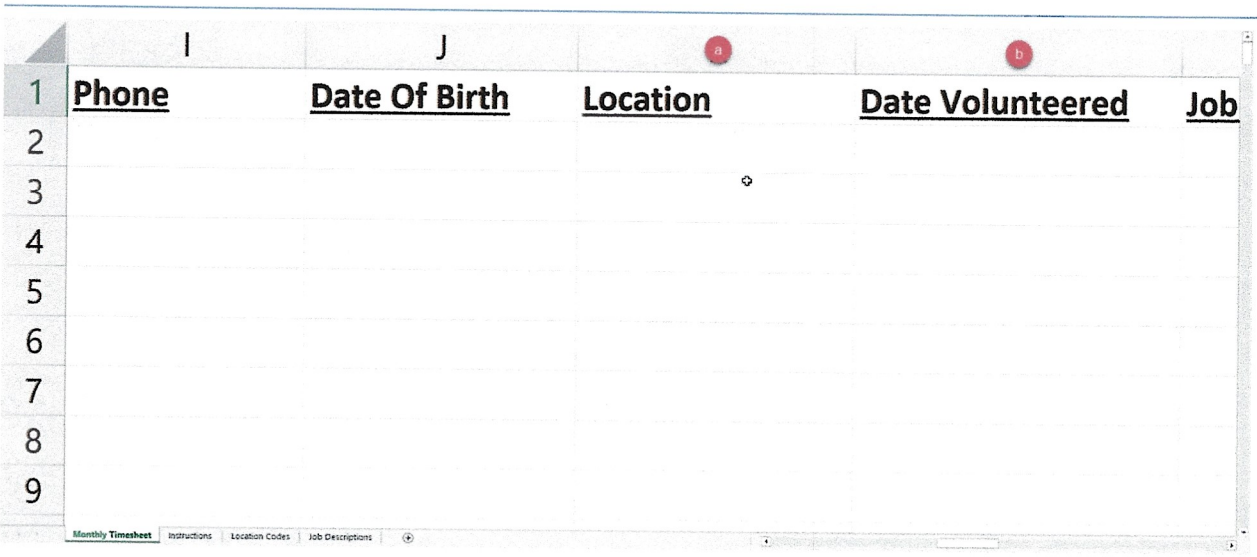
The second line must also include all the required personal information.

Please indicate new volunteers using red font.

Reporting Hours for Existing Volunteers



1. Go to the Monthly Timesheet worksheet in the Monthly Reporting Form 60 – LVAP Excel workbook.



	I	J	a	b	
1	Phone	Date Of Birth	Location	Date Volunteered	Job
2					
3					
4					
5					
6					
7					
8					
9					

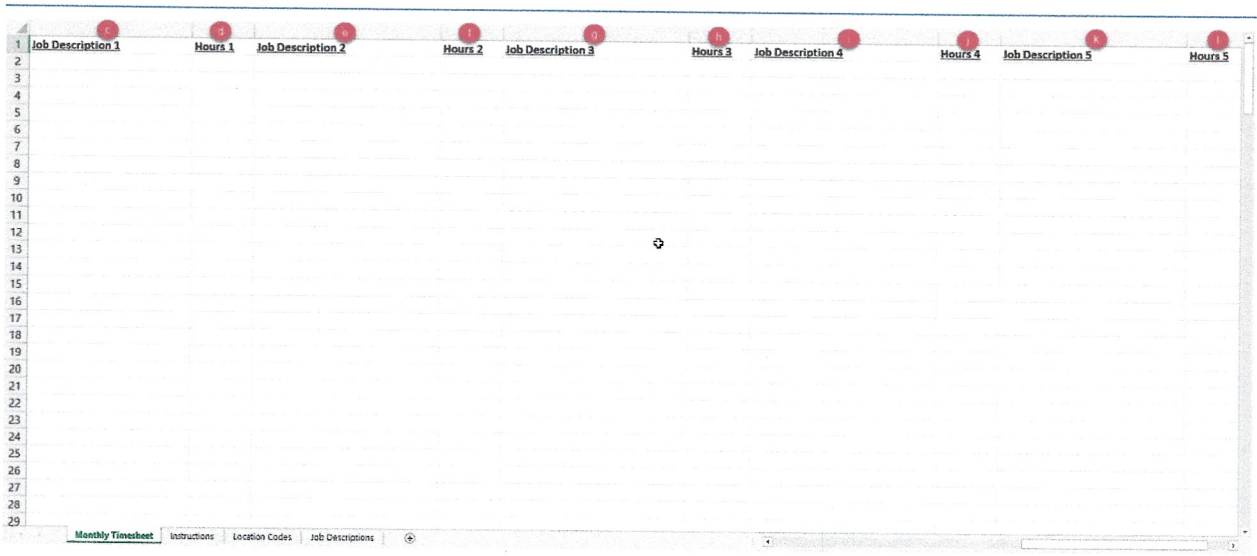
Monthly Timesheet | Instructions | Location Codes | Job Descriptions

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 Organization ID number. If you report hours for more than one chapter, or for a chapter and department, 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 1 – 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.

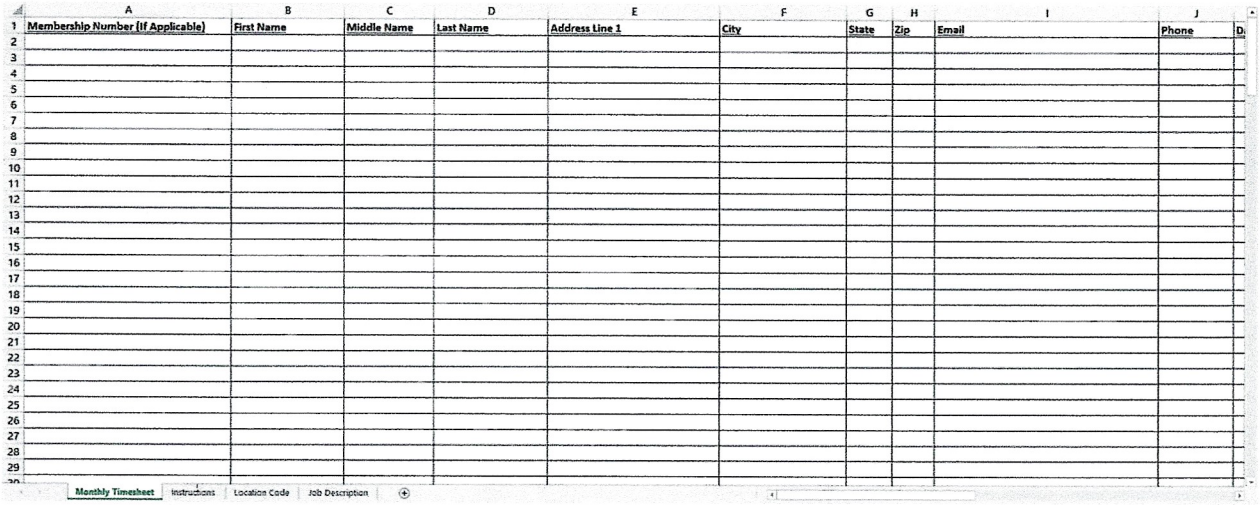
The job description is required because without this critical information, the hours will not be reported as the correct type. If this field is blank, it will result in the failure of data being uploaded into the system.

d. Hours 1 – Required
This is the number of hours the volunteer should receive credit for on any given day, or as a monthly total.

e. through l.
You can enter up to 5 different job descriptions with corresponding hours on a single row. If the volunteer has performed more than 5 different types of hours in a month, please enter a second line for that volunteer.

The second line must also include all the required personal information.

Changes to Volunteer Personal Information:



	A	B	C	D	E	F	G	H	I	J	
1	Membership Number (If Applicable)	First Name	Middle Name	Last Name	Address Line 1	City	State	Zip	Email	Phone	D
2											
3											
4											
5											
6											
7											
8											
9											
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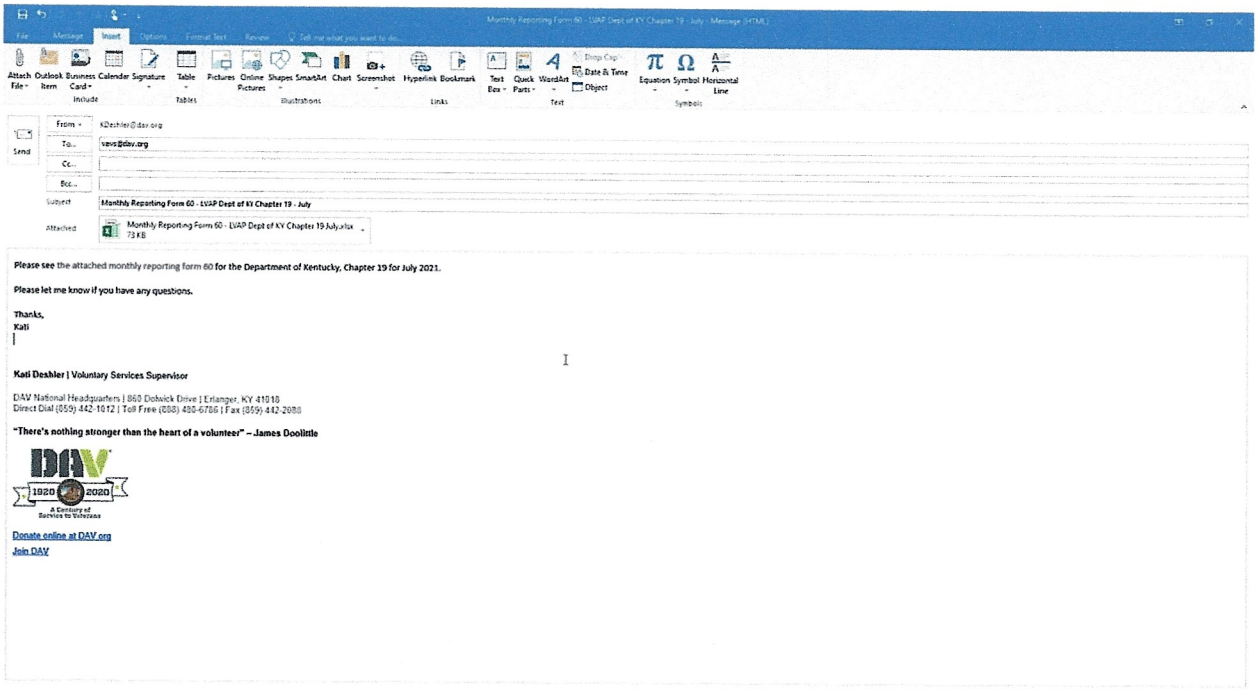
Monthly Timesheet | Instructions | Location Code | Job Description

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:



Monthly Reporting Form 60 - LVAP Dept of KY Chapter 19 - July - Message (HTML)

Attach File | Outlook Item | Business Card | Calendar | Signature | Table | Pictures | Online Pictures | Shapes | SmartArt | Chart | Screenshot | Hyperlink | Bookmark | Text Box | Quick Parts | WordArt | Drop Cap | Date & Time | Object | Equation | Symbol | Horizontal Line

Include | Tables | Illustrations | Links | Text | Symbols

Send

From: KDeshler@dav.org

To: vavs@dav.org

Cc:

Bcc:

Subject: Monthly Reporting Form 60 - LVAP Dept of KY Chapter 19 - July

Attached: Monthly Reporting Form 60 - LVAP Dept of KY Chapter 19 July.xlsx (73 KB)

Please see the attached monthly reporting form 60 for the Department of Kentucky, Chapter 19 for July 2021.

Please let me know if you have any questions.

Thanks,
Kati

Kati Deshler | Voluntary Services Supervisor

DAV National Headquarters | 860 Dolwick Drive | Erlanger, KY 41018
Direct Dial (859) 442-1012 | Toll Free (888) 480-6786 | Fax (859) 442-2088

"There's nothing stronger than the heart of a volunteer" – James Doolittle

DAV 1920 2020 A Century of Service to Veterans

Donate online at DAV.org

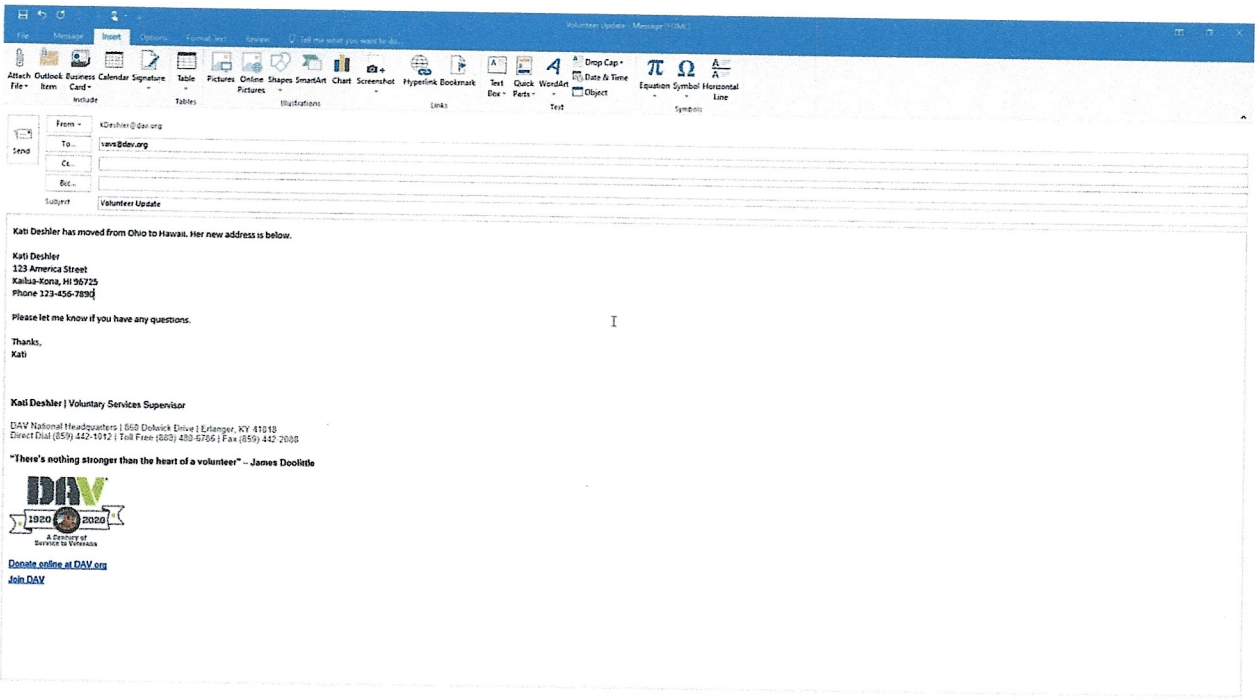
Join DAV

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

***NOTE* Some DAV State Departments prefer that all Chapters report their monthly hours directly to the department. Please check with your State Department to determine how they would like the hours reported.**

Removing Volunteer Data:

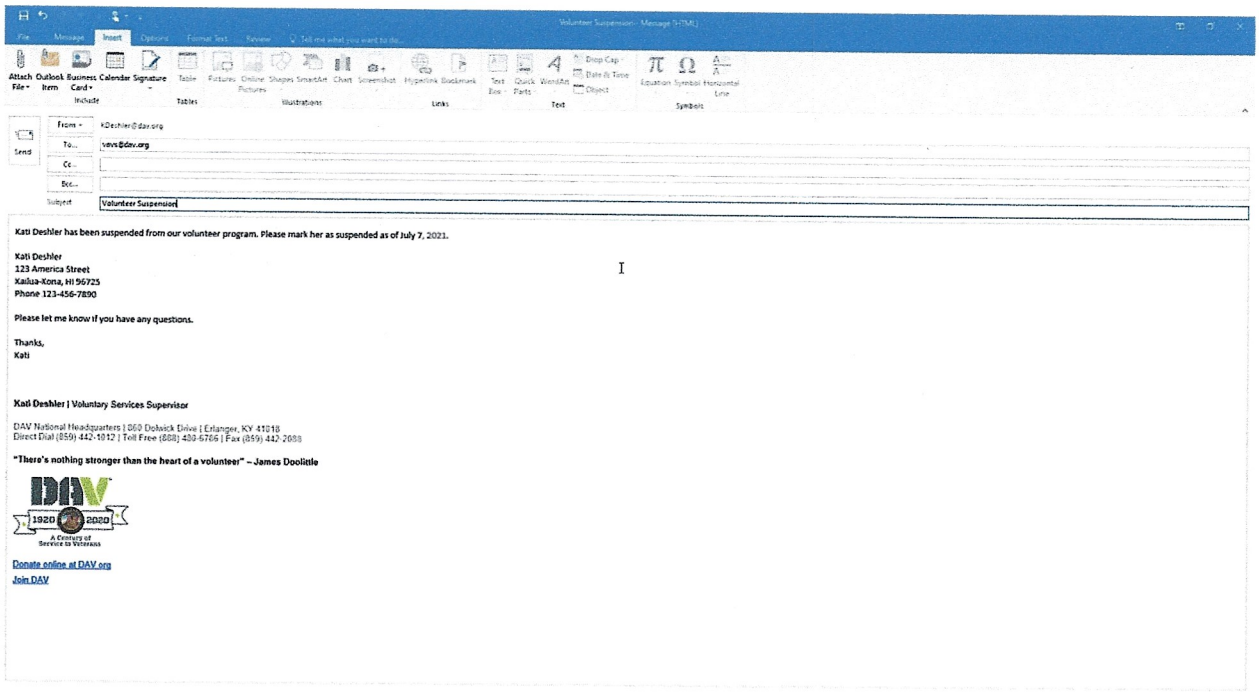
Change of Location: If an existing volunteer informs you of a move that will take them out of your area, please do the following:



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 60 – LVAP and highlight the row that contains the volunteer's personal information, Right Click, choose Delete

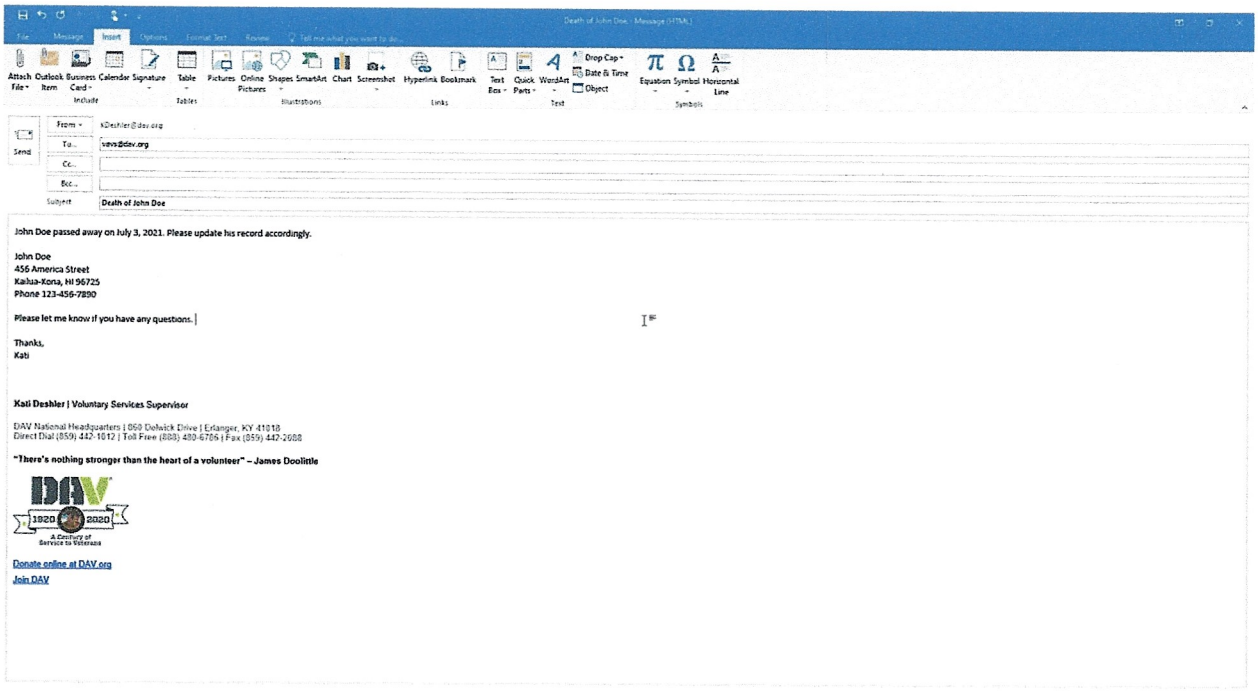
Suspension of Volunteer: If an existing volunteer has been suspended from your program, please do the following:



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 60 – LVAP 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:



From: KDeshler@dav.org
To: vavs@dav.org
Cc:
Bcc:
Subject: Death of John Doe

John Doe passed away on July 3, 2021. Please update his record accordingly.

John Doe
456 America Street
Kailua-Kona, HI 96725
Phone 123-456-7890

Please let me know if you have any questions.

Thanks,
Kati

Kati Deshler | Voluntary Services Supervisor

DAV National Headquarters | 860 Dolwick Drive | Erlanger, KY 41018
Direct Dial (859) 442-1012 | Toll Free (888) 480-6706 | Fax (859) 442-2688

"There's nothing stronger than the heart of a volunteer" – James Doolittle

DAV 1920 2020 A Century of Service to Veterans

Donate online at DAV.org
Join DAV

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 60 – LVAP and highlight the row that contains the volunteer's personal information, Right Click, choose Delete

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.

Incentive Level	Hours	Miles
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

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