

**DAVA JUNIOR AWARD QUESTIONNAIRE
2023-2024**

Directions: Please read carefully

- 1) Form must be completed by a DAV or DAV Auxiliary member 18 years of age or older. A brief synopsis relating their knowledge of candidate's abilities or activities must be included.
- 2) Fill out in triplicate. Keep one copy for unit files.
Send two copies to address listed at right:
- 3) Questionnaire must be postmarked by: _____

A total of three awards will be given. Please place a checkmark by the age group of the candidate.

<input type="checkbox"/> Outstanding Junior Award (Ages 7 - 10)	<input type="checkbox"/> Outstanding Junior Award (Ages 11 - 14)	<input type="checkbox"/> Outstanding Junior Award (Ages 15 - 17)
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PLEASE PRINT

Candidate's Name _____ Birth Date _____
Address _____ City _____ State _____ Zip _____
Auxiliary Name and Unit Number _____ State _____
Number of years as a DAVA Junior member _____

List total volunteer hours for the CURRENT MEMBERSHIP YEAR ONLY for the following:

VA Medical Center _____	Chapter/Unit Activities _____
Hospital/Nursing Home _____	Veterans Day _____
Community Service _____	School/Church _____
Forget-Me-Not Drive _____	Miscellaneous _____
Americanism _____	

NOTE: Participation in the above categories should be fully explained and verified in the synopsis submitted by the nominator. All hours are for the 2023-2024 year only.

Nominator _____ Parent/Guardian _____
Signature _____ Signature _____