

INDIVIDUAL RECRUITING AWARDS
NEW/REINSTATED MEMBER AWARDS

This is to certify that the comrade listed below has qualified for the following by recruiting the amount required of new/reinstated members for _____ year. Name and Post number of the new/reinstated members must be shown in the space provided on this application form.

AWARDS

_____ 5 new/reinstated members	Annual Dues paid, entry into a drawing for a Life Membership, each additional 5 members an additional entry will be made in the Life Drawing (Life Members will be entered into a drawing for one of three \$100.00 cash award, each additional 5 members an additional entry will be entered)
_____ 15 new/reinstated members	VFW Pen and Pencil Set
_____ 25 new/reinstated members	Department Aide-de-Camp Recruiting Award with engraved citation and an official cap
_____ 50 new/reinstated members	National Aide-de-Camp Recruiting Award with engraved citation and an official cap;
_____ 100 new/reinstated members	Century Recruiter Award with engraved citation, an official cap, and a pen and pencil set

NAME OF RECRUITER _____ POST NO. _____
ADDRESS _____
CAP SIZE _____ JACKET SIZE _____

Application deadline is MAY 11.

Completed applications are to be mailed to DEPARTMENT OF VIRGINIA, VFW,
403 LEE JACKSON HIGHWAY, STAUNTON, VA 24401.

CERTIFICATION: We certify that the recruiter listed above recruited _____ new/reinstated members for _____ year as listed on the back of this application.

Signed _____ Signed _____
Post Commander Post Quartermaster

New/reinstated members from any Post can be used to qualify recruiter for this award...all applications for recruiter awards are checked against department tax records for verification...awards will not be mailed until verification is made.

Please feel free to duplicate

NEW/REINSTATED MEMBERS RECRUITED

Name of member	Post no.	Name of member	Post no.
1.		26.	
2.		27.	
3.		28.	
4.		29.	
5.		30.	
6.		31.	
7.		32.	
8.		33.	
9.		34.	
10.		35.	
11.		36.	
12.		37.	
13.		38.	
14.		39.	
15.		40.	
16.		41.	
17.		42.	
18.		43.	
19.		44.	
20.		45.	
21.		46.	
22.		47.	
23.		48.	
24.		49.	
25.		50.	

If extra space is needed, add additional sheet

VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF VIRGINIA

AMERICANISM REPORT

REPORTING PERIODS: FIRST HALF - MAY 1 TO OCTOBER 31 (*Deadline to report November 15*)
SECOND HALF - NOVEMBER 30 TO APRIL 30 (*Deadline to report May 11*)

POST NO. _____ DISTRICT NO. _____

REPORTING FOR **FIRST HALF** or **SECOND HALF**
(*CIRCLE ONLY ONE*)

THE FOLLOWING AMERICANISM PROJECTS HAVE BEEN COMPLETED:

- _____ FLAG PRESENTATION
- _____ FLAG RAISING
- _____ COLOR GUARD/HONOR GUARD/PARADE
- _____ DISTRIBUTED PATRIOTIC LITERATURE
- _____ PATRIOTIC ASSEMBLY
- _____ SCHOOL FLAG EDUCATION PROGRAM
- _____ COMMUNITY FLAG EDUCATION PROGRAM
- _____ LOYALTY DAY PROGRAM
- _____ MEMORIAL DAY PROGRAM
- _____ FLAG DAY PROGRAM
- _____ FLAG RETIREMENT CEREMONY/COLLECT OLD FLAGS
- _____ INDEPENDENCE DAY PROGRAM
- _____ POW/MIA PROGRAM
- _____ GET OUT THE VOTE
- _____ VETERANS DAY PROGRAM
- _____ PEARL HARBOR DAY PROGRAM
- _____ SUPPORT OUR TROOPS
- _____ OTHER _____

PROGRAMS SUMMARY

- _____ **TOTAL NUMBER OF COMPLETED PROJECTS**
- _____ **TOTAL NUMBER OF VFW VOLUNTEERS INVOLVED IN PROJECTS**
- _____ **TOTAL NUMBER OF HOURS DONATED TO COMPLETE PROJECTS**
- _____ **TOTAL MILES DRIVEN TO COMPLETE PROJECTS**
- _____ **TOTAL AMOUNT OF MONIES USED TO COMPLETE PROJECTS**

(NOTE: INCLUDE MILEAGE CREDIT OF \$.14 PER MILE IN TOTAL MONIES)

PREPARED BY: _____ TITLE: _____

DATE: _____ EMAIL / PHONE _____

SEND REPORT TO: Department of Virginia, VFW, 403 Lee Jackson Highway, Staunton, VA 24401

VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF VIRGINIA

COMMUNITY ACTIVITY REPORT

REPORTING PERIODS: FIRST HALF - MAY 1 TO OCTOBER 31 (*Deadline to report November 15*)
SECOND HALF - NOVEMBER 30 TO APRIL 30 (*Deadline to report May 11*)

POST NO. _____ DISTRICT NO. _____

REPORTING FOR **FIRST HALF** or **SECOND HALF**
(*CIRCLE ONLY ONE*)

THE FOLLOWING ACTIVITY PROJECTS HAVE BEEN COMPLETED:

1. COMMUNITY INVOLVEMENT:

- ____ ORGANIZED BLOOD DRIVE/ASSISTED IN BLOOD DRIVE
____ ORGANIZED CPR CLASS
____ RECYCLING PROGRAM
____ NEIGHBORHOOD BEAUTIFICATION / HIGHWAY BEAUTIFICATION
____ OTHER _____

HOW MANY VOLUNTEERS _____ TOTAL HOURS _____ MILES _____ COST \$ _____

2. COOPERATION WITH OTHER ORGANIZATIONS:

- ____ ORGANIZED / ASSISTED FUND RAISING DRIVES (MARCH OF DIMES, ETC.)
____ U.S. SAVINGS BOND PROMOTION
____ VOLUNTEER IN SCHOOL / CHURCH
____ SPEAKER PROGRAM IN SCHOOL / CHURCH / COMMUNITY
____ OTHER _____

HOW MANY VOLUNTEERS _____ TOTAL HOURS _____ MILES _____ COST \$ _____

3. AID TO OTHERS:

- ____ COMMUNITY HOSPITAL
____ NURSING HOME / SENIOR CITIZENS
____ VA MEDICAL CENTER
____ OTHER _____

HOW MANY VOLUNTEERS _____ TOTAL HOURS _____ MILES _____ COST \$ _____

4. VFW FUND RAISER:

- ____ BUDDY POPPY
____ OTHER _____

HOW MANY VOLUNTEERS _____ TOTAL HOURS _____ MILES _____ COST \$ _____

PROGRAMS SUMMARY

- _____ **TOTAL NUMBER OF COMPLETED PROJECTS**
_____ **TOTAL NUMBER OF VFW VOLUNTEERS INVOLVED IN PROJECTS**
_____ **TOTAL NUMBER OF HOURS DONATED TO COMPLETE PROJECTS**
_____ **TOTAL MILES DRIVEN TO COMPLETE PROJECTS**
_____ **TOTAL AMOUNT OF MONIES USED TO COMPLETE PROJECTS**

(NOTE: INCLUDE MILEAGE CREDIT OF \$.14 PER MILE IN TOTAL MONIES)

PREPARED BY: _____ TITLE: _____

DATE: _____ EMAIL / PHONE: _____

SEND REPORT TO: Department of Virginia, VFW, 403 Lee Jackson Highway, Staunton, VA 24401

REVISED: April 26, 2006

Veterans of Foreign Wars of the United States
 Department of Virginia
HOSPITAL COMMITTEE REPORT

REPORTING PERIODS: FIRST HALF - MAY 1 TO OCTOBER 31 *(Deadline to report November 15)*
 SECOND HALF - NOVEMBER 30 TO APRIL 30 *(Deadline to report May 11)*

POST NO. _____ DISTRICT NO. _____

REPORTING FOR **FIRST HALF** or **SECOND HALF**
(CIRCLE ONLY ONE)

Date	Description (Identify Activities Performed)	Number of VFW Individuals Participating in each Visit	Total Hours	Number of Patients Benefited	Value of Services or Donations
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Totals:					\$

PREPARED BY: _____ TITLE: _____

DATE: _____ EMAIL / PHONE _____

SEND REPORT TO: Department of Virginia, VFW, 403 Lee Jackson Highway, Staunton, VA 24401

Instruction for Completion of Hospital Committee Report

1. Enter the date of the actual event in the "Date" column.
2. A brief entry identifying the activity should be made in the "Description" column
3. The "Number of Individuals Participating In Each Visit" column is the total VFW members who actively served to support the activity.
4. "Total Hours" is the sum of the time devoted to the event (including travel to and from).
5. "Patients Benefited" is the total number of veterans (all veterans; not just members of your Post) served by the particular visit or activity.
6. The "Value of Services Or Donations" column requires an entry of the estimated dollar value of goods or services contributed in support of the activity. Including value of mileage (14 cent per mile) in the column.
7. A report should be submitted if you visited any of the following: VA Medical Center, VA Nursing Home, VA Domiciliary, State Care Center, State Hospital, State Nursing Home, Community Hospital, Community Nursing Home, Private Home or if you donated the use of medical equipment.
8. Questions about this form should be directed to the Department Hospital Committee Chairman or the Department Adjutant.
9. When the form is completed, it should be mailed to:

403 Lee Jackson Highway, Staunton, VA 24401

EXAMPLE:

Four (4) Post members travel to a VA Medical Center to visit with Patients. They each drive two (2) miles to meet at the Post and will drive two (2) miles to return home. They all ride in one (1) car to the center. It is 25 miles each way to the facility. It takes one (1) hour to drive each way. In route they purchase ten (10) newspapers at a cost of 50 cents each. While at the facility they pass out the newspaper and spend three (3) hours visiting 20 patients.

- 4 members drive 4 miles each: 4×4 miles = 16 miles.
- 1 trip of 25 miles each way: 2×25 miles = 50 miles.
- 16 miles + 25 miles = 41 miles \times 14 cents per mile = \$5.74.
- 10 newspapers at 50 cents each: 10×50 cents = \$5.00

each member donates a total of five (5) hours [1 hr to get there, 3hrs visiting & 1 hr to return]

4 members \times 5 hours each = 20 hrs.

Date	Description	No. of VFW	Hours	Patients	Value
8/17	Visit to VA medical Center	4	20	20	\$14.24

VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF VIRGINIA

SAFETY REPORT

REPORTING PERIODS: FIRST HALF - MAY 1 TO OCTOBER 31 (*Deadline to report November 15*)
SECOND HALF - NOVEMBER 30 TO APRIL 30 (*Deadline to report May 11*)

POST NO. _____ DISTRICT NO. _____

REPORTING FOR **FIRST HALF** or **SECOND HALF**
(*CIRCLE ONLY ONE*)

THE FOLLOWING SAFETY PROJECTS HAVE BEEN COMPLETED:

- ___ PEDESTRIAN SAFETY
- ___ DRUG AWARENESS
- ___ RECREATIONAL SAFETY
- ___ HIGHWAY SAFETY
- ___ HOME SAFETY
- ___ RECOGNITION
- ___ HUNTER SAFETY
- ___ FIRE SAFETY
- ___ OTHER _____

PROGRAMS SUMMARY

- _____ TOTAL NUMBER OF COMPLETED PROJECTS
- _____ TOTAL NUMBER OF VFW VOLUNTEERS INVOLVED IN PROJECTS
- _____ TOTAL NUMBER OF HOURS DONATED TO COMPLETE PROJECTS
- _____ TOTAL MILES DRIVEN TO COMPLETE PROJECTS
- _____ TOTAL AMOUNT OF MONIES USED TO COMPLETE PROJECTS

(NOTE: INCLUDE MILEAGE CREDIT OF \$.14 PER MILE IN TOTAL MONIES)

PREPARED BY: _____ TITLE: _____

DATE: _____ EMAIL / PHONE _____

SEND REPORT TO: Department of Virginia, VFW, 403 Lee Jackson Highway, Staunton, VA 24401

VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF VIRGINIA

YOUTH ACTIVITY REPORT

REPORTING PERIODS: FIRST HALF - MAY 1 TO OCTOBER 31 (*Deadline to report November 15*)
SECOND HALF - NOVEMBER 30 TO APRIL 30 (*Deadline to report May 11*)

POST NO. _____ DISTRICT NO. _____

REPORTING FOR **FIRST HALF** or **SECOND HALF**
(*CIRCLE ONLY ONE*)

THE FOLLOWING YOUTH ACTIVITY PROJECTS HAVE BEEN COMPLETED:

- ___ SPORTS/ATHLETICS
- ___ CONTEST
- ___ EDUCATIONAL INSTRUCTION
- ___ SCOUTING
- ___ RECOGNITION
- ___ OTHER _____

PROGRAMS SUMMARY

_____ **TOTAL NUMBER OF COMPLETED PROJECTS**
_____ **TOTAL NUMBER OF VFW VOLUNTEERS INVOLVED IN PROJECTS**
_____ **TOTAL NUMBER OF HOURS DONATED TO COMPLETE PROJECTS**
_____ **TOTAL MILES DRIVEN TO COMPLETE PROJECTS**
_____ **TOTAL AMOUNT OF MONIES USED TO COMPLETE PROJECTS**

(NOTE: INCLUDE MILEAGE CREDIT OF \$.14 PER MILE IN TOTAL MONIES)

PREPARED BY: _____ TITLE: _____

DATE: _____ EMAIL / PHONE _____

SEND REPORT TO: Department of Virginia, VFW, 403 Lee Jackson Highway, Staunton, VA 24401

**VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF VIRGINIA
REPORT OF DECEASED COMRADE**

Post No. _____

District No. _____

**NAME OF
COMRADE** _____

Last

First

Middle Initial

*Annual Membership
Number* _____

*Life Membership
Number* _____

DATE OF DEATH: _____
Month/Day/Year

Address _____
Street _____ *City* _____ *State Zip* _____

Signed _____

Date _____

IMMEDIATELY AFTER INTERMENT, MAIL OR FAX THIS REPORT TO:

*Department of Virginia, VFW
403 Lee Jackson Highway
Staunton, VA 24401
Phone: (540) 886-8112
FAX (540) 886-1731*

**VFW DEPARTMENT OF VIRGINIA
HOMELESS VETERANS COMMITTEE**

POST/AUX NO. _____ DISTRICT NO. _____

Post report for helping homeless veterans and needy families, suggested projects, report by numbers on form below.

1. Held a canned food and/or clothing drive, coordinated with local homeless facilities.
2. Volunteered at local soup kitchens or other homeless facilities.
3. Participated in local Stand Down for homeless veterans.
4. Help homeless veterans to file claims for VA or other public assistance.
5. Participated in Make a Difference in One Day Program.
6. Donated funding, usable building space, or housing to VA or non-VA programs that assist homeless veterans.
7. Donated Holiday food baskets to needy families.
8. Help renovate a house so that it can be used for transitional or supported permanent housing for homeless veterans.

Other projects-please add a brief description-type of project-man hours-dollar value.

Please complete this report and forward recommendations/comments to me at the address below before February 1, 2005. I must report to National by February 10, 2005.

Department of Virginia, VFW, 403 Lee Jackson Highway, Staunton, Virginia 24401

PROJECT #	NUMBER BENEFITTED	MEMBERS PARTICIPATING	TOTAL HOURS	\$ VALUE OF SERVICES	\$ VALUE OF DONATION
(SAMPLE)					
#1	125	8	24@8.00=	192.00	425.00
#2	65	6	15@8.00=	120.00	65.00
#7	50	12	36@8.00=	288.00	300.00

TALLMAN INSURANCE AGENCY
406 WEST 34TH STREET – SUITE 806
KANSAS CITY, MISSOURI 64111
816-753-2345

VFW CLUB MANAGERS AND BINGO RATE SCHEDULE

\$ 3,000.----- \$ 21.00 Minimum Premium

Rates \$4,000. And Over - \$7.00 Per Thousand

\$ 4,000.-----	\$ 28.00
\$ 5,000.-----	\$ 35.00
\$ 6,000.-----	\$ 42.00
\$ 7,000.-----	\$ 49.00
\$ 8,000.-----	\$ 56.00
\$ 9,000.-----	\$ 63.00
\$ 10,000.-----	\$ 70.00
\$ 15,000.-----	\$105.00
\$ 20,000.-----	\$140.00

Rates \$25,000. And Over - \$5.00 Per Thousand

\$ 25,000.-----	\$125.00
\$ 30,000.-----	\$150.00
\$ 35,000.-----	\$175.00
\$ 40,000.-----	\$200.00

Rates \$50,000. And Over - \$4.00 Per Thousand

\$ 50,000.-----	\$200.00
\$ 55,000.-----	\$220.00
\$ 60,000.-----	\$240.00
\$ 65,000.-----	\$260.00
\$ 70,000.-----	\$280.00
\$ 75,000.-----	\$320.00
\$ 80,000.-----	\$320.00
\$ 85,000.-----	\$340.00
\$ 90,000.-----	\$360.00
\$100,000.-----	\$400.00

VFW QUARTERMASTER BOND

\$4.00 Per Thousand

\$ 3,000.----\$12.00
 \$ 4,000.----\$16.00
 \$ 5,000.----\$20.00
 \$ 6,000.----\$24.00
 \$ 7,000.----\$28.00
 \$ 8,000.----\$32.00
 \$ 9,000.----\$36.00
 \$ 10,000.----\$40.00
 \$ 11,000.----\$44.00
 \$ 12,000.----\$48.00
 \$ 13,000.----\$52.00
 \$ 14,000.----\$56.00
 \$ 15,000.----\$60.00
 \$ 16,000.----\$64.00
 \$ 17,000.----\$68.00
 \$ 18,000.----\$72.00
 \$ 19,000.----\$76.00
 \$ 20,000.----\$80.00
 \$ 21,000.----\$84.00
 \$ 22,000.----\$88.00
 \$ 23,000.----\$92.00
 \$ 24,000.----\$96.00
 \$ 25,000.----\$100.00

(\$3,000. To \$25,000.)
 \$4.00 Per Thousand

\$3.50 Per Thousand

\$ 26,000.----\$ 91.00
 \$ 27,000.----\$ 94.50
 \$ 28,000.----\$ 98.00
 \$ 29,000.----\$ 101.50
 \$ 30,000.----\$ 105.00
 \$ 40,000.----\$ 140.00
 \$ 50,000.----\$ 175.00
 \$ 60,000.----\$ 210.00
 \$ 70,000.----\$ 245.00
 \$ 80,000.----\$ 280.00
 \$ 90,000.----\$ 315.00
 \$100,000.----\$ 350.00
 \$110,000.----\$ 385.00
 \$120,000.----\$ 420.00
 \$130,000.----\$ 455.00
 \$140,000.----\$ 490.00
 \$150,000.----\$ 525.00
 \$160,000.----\$ 560.00
 \$170,000.----\$ 595.00
 \$180,000.----\$ 630.00
 \$190,000.----\$ 665.00
 \$200,000.----\$ 700.00
 \$210,000.----\$ 735.00
 \$220,000.----\$ 770.00
 \$230,000.----\$ 805.00
 \$240,000.----\$ 840.00
 \$250,000.----\$ 875.00

(\$26,000. To \$250,000.)
 \$3.50 Per Thousand

\$2.50 Per Thousand

\$251,000.----\$ 627.50
 \$252,000.----\$ 630.00
 \$253,000.----\$ 632.50
 \$254,000.----\$ 635.00
 \$255,000.----\$ 637.50
 \$256,000.----\$ 640.00
 \$257,000.----\$ 642.50
 \$258,000.----\$ 645.00
 \$259,000.----\$ 647.50
 \$260,000.----\$ 650.00
 \$270,000.----\$ 675.00
 \$280,000.----\$ 700.00
 \$290,000.----\$ 725.00
 \$300,000.----\$ 750.00
 \$310,000.----\$ 775.00
 \$320,000.----\$ 800.00
 \$330,000.----\$ 825.00
 \$340,000.----\$ 850.00
 \$350,000.----\$ 875.00
 \$360,000.----\$ 900.00
 \$370,000.----\$ 925.00
 \$380,000.----\$ 950.00
 \$390,000.----\$ 975.00
 \$400,000.----\$ 1,000.00
 \$410,000.----\$ 1,025.00
 \$420,000.----\$ 1,050.00
 \$430,000.----\$ 1,075.00
 \$440,000.----\$ 1,100.00
 \$450,000.----\$ 1,125.00
 \$460,000.----\$ 1,150.00
 \$470,000.----\$ 1,175.00
 \$480,000.----\$ 1,200.00
 \$490,000.----\$ 1,225.00
 \$500,000.----\$ 1,250.00

(\$251,000. To \$500,000.)
 \$2.50 Per Thousand

\$2.00 Per Thousand

\$501,000.---\$1,002.00
 \$502,000.---\$1,004.00
 \$503,000.---\$1,006.00
 \$504,000.---\$1,008.00
 \$505,000.---\$1,010.00
 \$506,000.---\$1,012.00
 \$507,000.---\$1,014.00
 \$508,000.---\$1,016.00
 \$509,000.---\$1,018.00
 \$510,000.---\$1,020.00
 \$520,000.---\$1,040.00
 \$530,000.---\$1,060.00
 \$540,000.---\$1,080.00
 \$550,000.---\$1,100.00
 \$560,000.---\$1,120.00
 \$570,000.---\$1,140.00
 \$580,000.---\$1,160.00
 \$590,000.---\$1,180.00
 \$600,000.---\$1,200.00

(\$501,000. And UP)
 \$2.00 Per Thousand

**Tallman Insurance Agency
 406 West 34th Street
 Kansas City, Missouri 64111
 816-753-2345**



APPLICATION FOR DISHONESTY BOND
POST STATEMENT

- 1. a) Name of Applicant (Post): Post #:
b) Post Address:
c) Bond Amount: \$
2. a) Name and Position of Person to be Bonded:
3. a) Will Person being bonded have access to Cash or Checks?:
b) Largest amount of cash or checks at one time? \$ Amount monthly? \$
c) How frequently will such cash or checks be audited or reconciled?:
d) By whom?:
e) When was the last such reconciliation or audit performed?:
f) By whom?:
g) Was the Reconciliation or Audit correct?:
4. a) Will this bonded person be authorized to sign checks?:
b) If Yes, will checks be countersigned?:
c) If Yes, who will countersign checks?:
d) If countersignature is not required, briefly describe the type of voucher system in effect to prevent the unauthorized issuance of checks:
5. a) Is there an audit by an independent CPA or Public Accountant?:
b) If yes, how often?:
c) Name and address of person or firm performing audit:

The foregoing answers, statements and representations are made with the intent to induce The Travelers Insurance Company to execute the policy described herein and are true to the best of our/my knowledge and belief.

Signed at: (Time) This (Day) day of (Month) (Year)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING. INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Signature: Applicant (Post Representative)

By: (Representative's Title)



APPLICATION FOR DISHONESTY BOND
APPLICANT STATEMENT

- 1. a) Name of Applicant (Person):
b) Applicant (Person) Social Security #:
2. Residence Address:
3. a) Bond Amount: \$ b) Effective Date:
4. Are you a citizen of the United States?
5. If married, full name and address of spouse:
6. Name and Number of your present Post:
7. Address of Post:
8. Position to be bonded for:
9. Length of time:
10. a) Have you ever been discharged from any position:
b) If Yes, Please explain:
11. a) Have you ever been bankrupt or insolvent?
b) If Yes, Please give details in a separate confidential letter to Insurance Company.
12. a) Have you ever been refused a bond?
b) When:
c) What company?
13. a) Have you ever been convicted of a felony or misdemeanor? (Do not include speed tickets or other traffic violations.):
b) If Yes, explain:

For good and valuable consideration, receipt of which is hereby acknowledged, I agree upon demand to indemnify and hold harmless The Travelers Insurance Company, hereinafter called the Company, against any loss, costs, attorneys fees, damages or expense, of whatever kind, which it may have paid or for which it may become liable by reason of having provided insurance for me under this or any other policy or obligation or any modification, continuation or renewal thereof. The Company shall have the right in its sole discretion to adjust, settle, compromise or pay any claim, demand, suit or judgment upon any such policy. I further agree that the voucher, check, draft or any other proper evidence of payment made in good faith to satisfy any claim, demand, suit, judgment, attorneys fees, damages or expense shall be conclusive evidence of the fact and amount of my liability to the Company. I further agree that the Company in it sole discretion retains the right to terminate the policy in accordance with the terms. I hereby give my consent to the disclosure of information from my references and past employers of any information deemed pertinent by the Company in evaluation of the underwriting risk.

Signed at: (Time) This (Day) day of (Month) (Year)

Signature: Witness

Signature: Applicant (Person)

TO: ALL MEMBERS OF THE DEPARTMENT OF VIRGINIA, VFW

SUBJECT: SCHOOL OF INSTRUCTION

There will be a School of Instruction to be held Saturday, July 15, 2006 starting at 8:00 A.M. through Sunday morning, July 16, 2006 at the Holiday Inn Select in Lynchburg.

All upcoming Council Members are required to attend and everyone is invited. Each person will be required to make their own room reservation and furnish their own transportation. You must call Holiday Inn Select and make your own reservation; phone number is 434-528-2500 and let them know you are with the VFW group. Room rate is \$66.00 plus tax for hotel.

Subjects to be discussed are

Membership, MIP & Recruiting Programs	Department & National Membership-Awards Program	Rules and Regulations of Club Rooms
Parliamentary Law and Procedure	By-Laws (Nat'l/Dept/Post) & SOP	Inspections
Reports –General Information Americanism/Safety/Youth/ Hospital/Deceased/Homeless Veterans/Community Activities	Duties and Responsibilities of Post Commanders, Senior Vice & Junior Vice Commanders	Duties of Post Adjutants and Quartermasters/Quartermaster Records (Ledgers & Computer)
Post Visits/Roundups	Voice of Democracy	Patriot's Pen
Teachers' Recognition Program	Scouting	Military Assistance Program

We must know how many will be attending, so therefore, the following form must be completed and returned to State Headquarters **no later than July 7, 2006.**

This year each individual will have to pre-pay for their own meals. Please fill in the form on the backside indicating which meals each person is pre-paying. Tickets for meals will be mailed to each individual so please be sure to fill in each persons address information. If the Post will be receiving all of the tickets for the individuals, please be sure to indicate each individual who will be attending and check the box indicating that the tickets should be mailed to the Post. **No food** will be prepared for those who do not pre-pay and meal accommodations will be the individual's responsibility. There will be no refunds after July 7, 2006.

BREAKFAST BUFFET

Assorted Chilled Juices
Fluffy Scrambled Eggs
Sausage
Breakfast Potatoes
Biscuits with Butter & Jellies
Coffee/Tea/Decaf

\$13.50

Includes Tip and Gratuity

LUNCH BUFFET

Pasta Salad
Baked Ham
Roasted Turkey
Lettuce, Tomato, Onion, Pickle
Wheat & White Bread
Condiments
Dessert
Coffee/Tea/Decaf

\$13.50

Includes Tip and Gratuity

DINNER BUFFET

Southern Fried Chicken
Meatloaf with Gravy
Mashed Potatoes
Country Style Green Beans
House Salad
Rolls and Butter
Dessert
Coffee/Tea/Decaf

\$23.00

Includes Tip and Gratuity

SCHOOL OF INSTRUCTION

July 15-16, 2006

Post Number _____

Mail all Tickets to the Post YES NO

Post Address: _____ City: _____ State: _____ Zip: _____

Name: _____ **Title:** _____ Saturday: Breakfast _____ Lunch _____ Dinner _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ **Title:** _____ Saturday: Breakfast _____ Lunch _____ Dinner _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ **Title:** _____ Saturday: Breakfast _____ Lunch _____ Dinner _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ **Title:** _____ Saturday: Breakfast _____ Lunch _____ Dinner _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ **Title:** _____ Saturday: Breakfast _____ Lunch _____ Dinner _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ **Title:** _____ Saturday: Breakfast _____ Lunch _____ Dinner _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ **Title:** _____ Saturday: Breakfast _____ Lunch _____ Dinner _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ **Title:** _____ Saturday: Breakfast _____ Lunch _____ Dinner _____

Address: _____ City: _____ State: _____ Zip: _____

Total Breakfasts: _____ X 13.50 = _____

Total Lunches: _____ X 13.50 = _____

Total Dinners: _____ X 23.00 = _____

TOTAL: _____

Please charge my card: \$ _____ Name on Card: _____

Please Circle One: MasterCard or Visa Card Number: _____ Exp. Date: _____

SIGNATURE: _____

FOR INDIVIDUALS WHICHING TO PAY BY CREDIT CARD PLEASE HAVE THE INDIVIDUAL
FILL OUT AN INDIVIDUAL FORM WITH THEIR CREDIT CARD INFORMATION AND SIGNATURE

**VETERANS OF FOREIGN WARS
DEPARTMENT OF VIRGINIA
SCHOOL OF INSTRUCTION**

Friday, July 14, 2006

7:30 P.M. Meeting of Department Line Officers & Comrades Making Presentations

Saturday, July 15, 2006

6:30 A.M.	Breakfast for Attendees	
8:00 A.M.	Opening Ceremony & General Comments	Dept. Commander
8:15 A.M.	Membership, MIP & Recruiting Programs	Dept. Sr. Vice Cmdr
	Eligibility, SF-180	
	Department & National Membership-Awards Program	
9:30 A.M.	Reports-General Information	Community Service Chairman
	Americanism	J. Gary Wagner
	Community Activities	Lynn Harris
	Safety	Steve Lasseter
	Youth Activities	Larry Parham
	Hospital	Dept. Surgeon
	Deceased Comrade	Dept. Chaplain
	Homeless Veteran	Dept. Surgeon
10:15 A.M.	Break	
10:30 A.M.	Parliamentary Laws and Procedures	Dept. Judge Advocate
11:00 A.M.	By-Laws (National/Dept/Post) & SOP	Dept. Judge Advocate
11:30 A.M.	Inspections	Dept. Inspector
11:50 A.M.	Post Visits/Roundups	Dept. Chief-of-Staff
12:00 Noon	Lunch	
1:00 P.M.	IRS and Non-Profit Originations	IRS Agent
1:45 PM	Liability Insurance (DRAM)	Joe Ridgley (VFW Insurance Program).
2:30 P.M.	Duties & Responsibilities of Post Commander, Sr Vice & Jr Vice Commanders	Dept. Chief-of-Staff
2:30 P.M.	Break	
2:45 P.M.	Duties & Responsibilities of Post Adj/QM Quartermaster Records (Ledgers & Computer) Dues Processing Quarterly Audits	Dept. Adj/QM
6:30 P.M.	Evening Meal	
Sunday, July 16, 2006		
6:30 A.M.	Breakfast for Attendees	
8:00 A.M.	Rules & Regulations of Canteens/Club Rooms	Dept. Judge Advocate
8:30 A.M.	Voice Of Democracy Program	Earle P. Weekley, Jr.
8:45 A.M.	Patriot's Pen Program	Donald L. Hall
9:00 A.M.	Teachers' Recognition Program	Christopher Birch
9:15 A.M.	Scouting	Stan Hunter
9:30 A.M.	MAP	Graham Leaver
10:00 A.M.	Interview Participation	Dept. Commander
10:15 A.M.	New Posts	Dept. Chief-of-Staff
	Question and Answer Session	All Presenters
	Wrap Up by Department Commander	

BONDING YOUR ACCOUNTABLE OFFICER

The National By-Laws state your Post must be bonded and if not, you are in violation of the National By-Laws Section 703.

It is recommended the Quartermaster be bonded for one and one-half times the amount of money and liquid assets he/she normally handles.

The minimum Bond is \$3,000.00 for the price of \$12.00 for a one-year period, beginning September 1, 2006 and ending August 31, 2007, made payable to the Department of Virginia through the Tallman Insurance Agency.

Use the attached chart to determine the amount of the Bond, please fill out and return the lower section to State Headquarters along with your check made payable to the Department of Virginia, VFW.

The Quartermaster Bond is by Position not individuals.

Separate Bonds are needed for the Canteen Manager, Bartenders, Bingo Chairman and anyone else who handles money. These Bonds are not by the Position. We must have the person's name to complete the Bond.

Please note your current Bond will expire August 31, 2006.

RETURN THIS PORTION TO STATE HEADQUARTERS

POST NO. _____ AMOUNT OF BOND \$ _____

AMOUNT ENCLOSED \$ _____

POSITION BONDING FOR _____

NAME _____

ADDRESS _____

City

State

Zip Code

All Bonds will be mailed to the District or Post Commander

SOUTHERN CONFERENCE SHIRT ORDER FORM

Quantity	
Small	
Medium	
Large	
XL	
2X	
3X	
4X	
5X	

_____ Southern Conference Shirt @ \$25.00 each

TOTAL AMOUNT ENCLOSED \$_____

Name Post

Address

City State Zip Code

Make Checks Payable to:
Department of Virginia, VFW
403 Lee Jackson Highway
Staunton, VA 24401

To Charge by Mastercard or Visa:

Please charge my card: \$_____ Name on Card: _____

Please Circle One: MasterCard or Visa Card Number: _____ Exp. Date: _____

SIGNATURE: _____

DEADLINE TO STATE HEADQUARTERS IS JULY 15, 2006