



Stephen W. Bogan 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

use additional paper if needed

Volunteer Activities : _____

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

General Remarks: _____

Section IV – Certification

Submitted by: _____ Title: _____ Date: _____

Attested by: _____ Title: _____ Date: _____

WHAT TO DO WHEN FILLING OUT THIS FORM

Section I – General Data

General Squadrons should submit their nominee, if available, to the Department Advisor. During the Detachment Convention, the appropriate Detachment officials should select one winner. The Detachment winner will be submitted to National Headquarters as the Detachment nominee for the Charles Rigsby Award. **All submissions must be received by May 22, 2025.**

Section II – Total VAVS Hours and Visits

Period The period of this volunteer award should be from Detachment Convention to Detachment Convention. Overlapping periods should not be counted.

Section III – Remarks

Activities This section should be completed in detail as to the types of volunteer activities (what the nominee actually did) that were performed. If additional space is required, please use additional paper stapled to the original form.

Location This section should list the locations (names of hospitals and homes) and location of where the nominee's volunteer work was actually performed.

Section IV – Certification

Certification The report can be submitted by any SAL or Legion Family member (must not be related) who belongs to the same Squadron or Post. The report should be "Attested" to by the Squadron or Post Commander.

MAIL TO : SAL - Bogan Award
The American Legion
P.O. Box 2324
Harrisburg, PA 17105